DOCUMENT RESUME

ED 352 787 EC 301 720

AUTHOR Goehl, Karen S.
TITLE Indiana Deaf-Blind Project. Final Performance Report, 10-1-89 to 9-30-92.
INSTITUTION Indiana State Univ., Terre Haute. Blumberg Center for Interdisciplinary Studies in Special Education.
SPONS AGENCY Special Education Programs (ED/OSERS), Washington, DC.
PUB DATE Sep 92
CONTRACT H025A90030
NOTE 181p.; Occasional illegible pages.
PUB TYPE Reports - Descriptive (141)

EDRS PRICE MF01/PC08 Plus Postage.
DESCRIPTORS *Deaf Blind; Delivery Systems; Educational Policy; Handicap Identification; High Schools; Infants; Information Centers; Inservice Education; *Parent Education; Policy Formation; Preschool Children; Preschool Education; *Program Implementation; Resource Materials; *Social Services; *Social Support Groups; State Programs; *Technical Assistance; Toddlers; Young Adults
IDENTIFIERS *Indiana

ABSTRACT

The Indiana Deaf-Blind Project was designed to enhance and further develop coordinated direct services to children and youth with deaf-blindness for whom Indiana is not obligated to make available a free appropriate public education. These include children from birth through age 2 and 18 through 21. The work of the project was focused on: (1) identification, registration, and tracking of students with dual sensory impairments; (2) delivery of technical assistance to service providers and families; (3) maintenance of a resource materials center; (4) development of a network of parents and families; (5) development of policy guidelines with respect to the appropriate education of children and youth with deaf-blindness; and (6) dissemination of information about the project. Project activities also included development of a monograph featuring stories and articles about Indiana families, inservice training workshops, and a mentor teacher training project. This final report discusses project goals and objectives, accomplishments, outcomes, and future directions; provides samples of project products, including a project brochure, newsletter, and monograph; and supplies information for ordering a technology module and videotape. Appendixes contain workshop agendas and other program administration items. (JDD)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)
☑ This document has been reproduced as received from the person or organization originating it.
☐ Minor changes have been made to improve reproduction quality.
• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

ED352787

SERVICES FOR CHILDREN WITH DEAF-BLINDNESS
CFDA-84.025A - STATE AND MULTI-STATE PROJECTS

FINAL PERFORMANCE REPORT

PROJECT NUMBER: H025A90030

PROJECT START DATE: 10-1-89
PROJECT END DATE: 9-30-92

PROJECT TITLE:
INDIANA DEAF-BLIND PROJECT

GEOGRAPHIC AREA:
INDIANA

PROJECT DIRECTOR:
KAREN S. GOEHL

MAILING ADDRESS:
INDIANA DEAF-BLIND PROJECT
SOE 502
BLUMBERG CENTER FOR INTER-DISCIPLINARY STUDIES
INDIANA STATE UNIVERSITY
TERRE HAUTE, IN 47809

DIRECT SERVICE OFFERED BY PROJECT:

AGE/S OF CHILDREN: 0-2, 18-21
NO. OF CHILDREN: 16; 30

TECHNICAL ASSISTANCE:
NO. OF PARENTS: 125
NO. OF TEACHERS: 270
NO. OF ADMINISTRATORS: 150

TELEPHONE NUMBER:
812-237-2830

****

EXECUTIVE SUMMARY

The Indiana Deaf-Blind Project was designed to enhance and further develop coordinated **direct services** to children and youth, birth through age two and eighteen through age twenty one, with deaf-blindness for whom Indiana is not obligated to make available a free appropriate public education. It was also designed to provide **technical assistance** to the public and private agencies who deliver services for children and youth with deaf-blindness and their families.

The work of the Indiana Deaf-Blind Project was focused on:

1. The identification, registration and tracking of students, birth through age twenty-one who have dual sensory impairments (deaf-blindness).

2. The delivery of technical assistance to service providers and families in order to increase their knowledge and skills in dual sensory impairments.

3. The maintenance of a resource materials center to collect, dissemination and exchange information specific to dual sensory impairments.

EC 301720

BEST COPY AVAILABLE

4. The development of a network of parents and families of children and youth with dual sensory impairments.

5. The development of policy guidelines with respect to the appropriate education of children and youth with deaf-blindness.

6. The dissemination of information about the project to parents, programs, and systems throughout Indiana.

The Indiana Deaf-Blind Project added fifty-seven additional children to the census to make a total number of one hundred and ninety-nine Indiana children and youth with dual sensory impairments. A monograph describing the causes of deaf-blindness was prepared. This monograph, titled, *"Profiles,"* features stories and articles about Indiana families. Inservice training workshops using national training modules were delivered statewide on such topics as communication, functional curriculum, integration and challenging behaviors. A three year mentor teacher training project was initiated. The major focus of this mentor project was to build local capacity by training Indiana teachers to provide consultant services to other teachers who may have no training in deaf-blindness but have been assigned children with both hearing and visual impairments. Over seven hundred entries were entered in a materials resource center for distribution statewide. These entries are specific to deaf-blindness and multiple disabilities and include, journals, articles, curriculum resources, assessment materials, books, videotapes, monographs, conference proceedings, and resource directories. Parent support weekends were initiated for families of Indiana children with dual sensory impairments and were successful in linking a number of families. A project brochure and bi-monthly newsletters were distributed to a readership of over seven hundred. An advisory committee was established including a membership of families and service providers. This committee provided direction and support throughout the duration of the project period.

Section II. Table of Contents

Indiana Deaf-Blind Project:
Final Performance Report
1989-1992

Part I Project Identification Items and Executive Summary i

Part II Table of Contents iii

Part III Goals and Objectives 1

Part IV Accomplishments of Project 3

Part V Outcomes, Effects, and Future Directions 11

Part VI Products 17

Indiana Deaf-Blind Project Brochure
Samples of Project Newsletter - *Information Updates*
Monograph - *Profiles - Individuals with Dual Sensory Impairments*
(To be completed - Spring, 1993)
ATTAIN Technology Module and Videotape - Ordering Information

Part VII Appendices

A Information Packet for December 1, Federal Census Child Count
Indiana Definition of Dual Sensory Impairment
B Inservice Training Workshop Sample from GLARCDBE Modules
C TASH-TA (TRACES) Site Activity - South Bend Community Schools
D 1991 Summer Institute Information Letter, Sample of Content Outline and Pre-posttest Results
E HKNC-TAC Request for Technical Assistance and Action Plan
F Agenda - HKNC-TAC Personal Futures Planning Workshop -1992
G Agenda - HKNC-TAC Usher Syndrome Workshop - 1992
H ITRAID Brochure - ATTAIN Technology Project
I Sample Technical Assistance Request Form
J Resource Materials Center Request Form and Descriptor Categories
K Agenda - Parent Support Weekend and Evaluation Data
L Samples of Presentation Outlines and Evaluation Data
M Indiana Deaf-Blind Project Evaluation Questions
N Advisory Committee Membership and Agenda Sample
O Timelines for Project Components

Section III. Goals and Objectives

The 1989-92 Indiana Deaf-Blind Project was established to enhance and further develop coordinated services for children and youth with dual sensory impairments to whom Indiana was not obligated to make available a free appropriate public education. From 1989-1991, this included children and youth, ages birth through five and eighteen through twenty-one. From 1991-92, with the implementation of P.L. 99-457, the eligibility ages shifted to include those children from birth through age two and eighteen through age twenty-one.

In addition, the Indiana Deaf-Blind Project provided technical assistance to public and private agencies, institutions, and organizations who were obligated to serve children and youth, birth through age twenty-one with deaf-blindness. The types of services provided by these agencies included educational, transitional, vocational, early identification and related services programs.

In 1989, one hundred and sixty-two children and youth with deaf-blindness were identified in Indiana. By 1991, that number jumped to one hundred and ninety-nine. Through the identification and registry procedures established, much data were collected about these children and youth. The demographic information indicated that Indiana children and youth with dual sensory impairments represented an heterogeneous grouping with diverse needs.

The specific Indiana Deaf-Blind Project objectives were organized around eight components designed to promote individual student change, program component change and overall systems change within the context of nationally identified effective educational practices. Each of the components represented a major goal. Objectives and activities were identified to achieve those goals. Following is the original outline used to present the eight components and their objectives. The activities designed to carry out these objectives are described in Part IV of this Final Performance Report.

Component 1.0: Identification, Registration & Tracking. The continued identification, registration and tracking of Indiana students, birth through age twenty-one, who have dual sensory impairments.

Component 2.0: Technical Assistance. To increase the knowledge and training of parents and professionals in the area of dual sensory impairments.

Component 3.0: Resource Materials Center. To maintain a resource materials center for the collection, dissemination and exchange of information specific to the population of individuals with dual sensory impairments.

Component 4.0: Parent Support Network. To initiate a network of parents who have children with dual sensory impairments

Component 5.0: State Policy Manual Development. To assist the Indiana Department of Education, Division of Special Education in the development of a policy manual specific to the education of children and youth with deaf-blindness.

Component 6.0: Dissemination of Information. To provide information about the project to parents, programs, and systems throughout Indiana.

Component 7.0: Evaluation of Project. To collect and provide formative and summative information for evaluation of the goals and activities of the Indiana Deaf-Blind Project.

Component 8.0: Project Management. To ensure completion of project activities according to established timelines and to review project activities on a regular basis so as to make adjustments, if necessary.

Section IV. Accomplishments of Project

Section IV of the Final Performance Report includes a narrative summary of the accomplishments of the Indiana Deaf-Blind Project from October 1, 1989 through September 30, 1992. It is organized in the order the eight components were presented in Section III of this Final Report.

Component 1.0: Identification, Registration & Tracking.

The number of children and youth with deaf-blindness increased from 162 to 199 during the three year project period. Approximately 57 new children were added to the Indiana census of children and youth with dual sensory impairments during this time period. Moving out-of-state, death, aging out, and change in eligibility status accounted for the fluctuations in the count of Indiana children and youth with deaf-blindness from 1989-92. Considerable progress was made during this three year period when compared to the 22 Indiana children who had been reported in 1986. This was likely due to two factors. First, in 1986, Indiana became a single state project and the Indiana Deaf-Blind Project initiated an extensive survey effort to identify children and youth with deaf-blindness. Second, prior to 1989, Indiana did not have a category or definition for deaf-blindness in their state rule. In 1990, a definition for "dual sensory impairment" was included and incorporated in Article 7, Indiana's implementation of P.L. 101-476. The Indiana Deaf-Blind Project worked with the Indiana Division of Special Education to develop that definition.

For each of the three project budget periods, the Indiana Project coordinated its deaf-blind census with the Indiana Department of Education, Division of Special Education's annual December 1 child count activities. A packet of information from the Indiana Deaf-Blind Project provided instructions for identifying and reporting students with dual sensory impairments. This packet was included in each years' state child count materials. The information was completed and returned by each district and/or agency to the Division of Special Education and then forwarded to the Indiana Deaf-Blind Project Office. A sample of the packet materials, including Indiana's definition of dual sensory impairment is in Appendix A.

The updated information was transferred to a data base maintained by the Indiana Deaf-Blind Project. For each of the three project years, the federal FEDAC/OMB forms were completed and forwarded to the Office of Special Education Programs' (OSEP) designated representative for the compilation of national statistical data.

During each of the three project years, the Indiana Deaf-Blind Project updated the survey materials. Information was collected about educational placement, residential location, interaction with peers, related services, and technology related needs to name a few. Service providers were also offered the opportunity to request information about topics specific to dual sensory impairments. Packets of information about educational topics such as orientation and mobility, vision, hearing, and braille were prepared and sent to over 150 agencies and individuals as a result of the December 1 Indiana Deaf-Blind Project child count activities.

As a result of Indiana's extensive identification activities, the Director of the Indiana Deaf-Blind Project presented this information to the 1990 Project Director's meeting in Washington, D.C. The director discussed the development of the Indiana census, the definition of dual sensory

impairment used in Indiana, as well as the procedures used to maintain and update the census each year. Thirteen states requested additional information and packets were sent to each of those states. In addition, the director traveled to Texas in 1991 to present a two day workshop specific to information about the Indiana census activities. This activity was part of a national technical assistance activity and was at no cost to the Indiana Deaf-Blind Project.

In addition to the above activities, a monograph describing the full continuum of persons with dual sensory impairments was to be written during the 1989-92 project period. This monograph was written and titled: *Profiles - Individuals with Dual Sensory Impairments*. As of September 30, 1992, the monograph was not published but in an editing, revision and printing phase. The costs were covered and a spring, 1993 distribution date is anticipated. *Profiles* was organized around the federal census form which provides an organizer for the causes of deaf-blindness. These causes were described in detail in *Profiles*. In addition, the monograph "profiled" a number of Indiana children representing some of these causes. Families and individuals were interviewed and their stories told. The monograph was intended for families and part of the revision has included simplifying the language so that it reads less like a textbook. The monograph will be distributed without cost to Indiana families and educators.

Component 2.0: Technical Assistance

Technical assistance activities were organized to increase the knowledge and skills of parents and professionals in the area of dual sensory impairments as well as benefit Indiana children and youth with deaf-blindness. The following narrative details the accomplishments of the technical assistance component initiated by the 1989-92 Indiana Deaf-Blind Project. These accomplishments are discussed in the following order: 1) statewide inservice training workshops; 2) the use of national technical assistance projects; 3) collaboration with existing state projects in the development of technical assistance activities; and 4) responses to individual requests for technical assistance from parents and professionals.

1) Statewide Inservice Training Workshops. The Great Lakes Area Regional Center for Deaf-Blind Education (GLARCDBE) and The Association for Persons with Severe Handicaps Technical Assistance Project (TASH-TA) developed a series of training modules for service providers and parents. The modules were designed to facilitate training in state of the art practices for the education of children and youth with dual sensory impairments. The modules included the topics of communication development, functional curriculum, integration and non-aversive behavior management. An introduction to the population of persons with deaf-blindness was also part of each module.

Indiana assisted in the piloting of the training modules during 1989 and 1990. The project director, a university trainer, a parent and a school speech pathologist were trained in April, 1989, to present the modules. Partially, as a result of that training, the modules were re-written and publishing was delayed. Updated training occurred in March, 1990. Despite the delay in publishing, the draft versions of the modules were presented in a number of settings throughout Indiana from 1990-92.

The seven roundtables of the Indiana Council of Administrators of Special Education (ICASE) were used to ensure that training was available throughout the state. The project director attended roundtable meetings to present information regarding the training modules, and to ensure that directors of special education in those roundtables were aware of training dates. During the course of the project period, twelve workshops were conducted. Participants included both family

members and service providers. Two workshops were presented to parents. The primary presenter was the project director, although each of the other three individuals trained to present the modules participated in a number of the workshops. A sample of the training workshop handouts is provided in Appendix B.

2) Technical Assistance through National Technical Assistance Projects. Both the TASH-TA (changed to Teaching Research Assistance to Children and Youth Experiencing Sensory Impairments (TRACES) during 1991), and the Helen Keller National Center Technical Assistance Center (HKNC-TAC) are national projects designed to provide technical assistance to states. During the 1989-92 project period, Indiana used both of these projects extensively. The following describes some of those activities.

a) TRACES. During 1989, TASH-TA (TRACES) assisted the Indiana Deaf-Blind Project in conducting a technical assistance activity with the South Bend Community Schools. An inservice training workshop and three follow up visits to ensure implementation were conducted during 1989-90. The focus of the training was the Individualized Curriculum Sequencing Model and appropriate communication programming for students with deaf-blindness. Ellen Siegel-Causey and Sally Roberts provided this training. Appendix C provides a description of technical assistance and evaluations from two of the three follow up visits.

During 1990, the Indiana Deaf-Blind Project and the TRACES regional coordinator completed a needs assessment activity for Indiana. The focus of TRACES technical assistance changed from individual site consultations to activities designed to build local capacity in Indiana. With this in mind, the Indiana Deaf-Blind Project and TRACES designed a three year mentor teacher training activity which began in July, 1991. The activity provided fifteen teachers the opportunity to attend a week-long graduate credit bearing summer institute for each of three summers. The 1991 and 1992 summer institutes were taught by Dr. June Downing, University of Arizona, and Brent Bailey, Madison, Wisconsin Public Schools. Extensive evaluation data were collected, including pre-posttests, satisfaction and impact evaluations. In addition, follow up visits were made to each of the teachers to assess implementation of strategies learned during the summer institutes. After year three (1993), the mentor teachers will be paired with other Indiana teachers to provide technical assistance. A sample from the 1991 Summer Institute including an information letter, content outline and pre-posttest results are provided in Appendix D.

b) Helen Keller National Center-Technical Assistance Center (HKNC-TAC). A number of activities were conducted during the 1989-92 project period in cooperation with HKNC-TAC. In October, 1989, a joint workshop was conducted for the staff at the Indiana School for the Deaf and the Indiana School for the Blind. Paul Ehreshman, an orientation and mobility specialist provided a day long training workshop on orientation and mobility strategies for children and youth with deaf-blindness. This was followed by a return visit by Mr. Ehreshman to the Indiana School for the Deaf in February, 1990 to work with individual students and their teachers.

An additional training activity directed toward school psychologists was conducted by HKNC-TAC in April, 1991, at the Indiana School for the Deaf. Fifteen students with Usher Syndrome benefitted from this training activity. The psychologists and counselors received information about Usher Syndrome and appropriate counseling techniques.

Another training workshop directed to the Office of Vocational Rehabilitation field counselors was planned by HKNC-TAC and the Indiana Deaf-Blind Project for 1991, but was postponed because of re-organization of the vocational rehabilitation office. During 1991-92, the project director

contacted the deaf-blind consultant from Indiana Vocational Rehabilitation. The consultant reported receiving some funding to sponsor the National Training Team from HKNC to conduct a workshop in October, 1992. Because the training focus of both workshops would be similar, it was decided to cancel the original HKNC-TAC workshop.

In July, 1992, the project director, a parent of a young girl with deaf-blindness, and a service provider from the state technology project attended a Personal Futures Planning Workshop in Atlanta, Georgia, sponsored by HKNC-TAC. The workshop was conducted by Dr. Beth Mount. Workshop participants developed a personal futures plan for their target student. Since that workshop, the project director has assisted with the development of a personal futures plan for an additional two students. An agenda from this workshop is included in Appendix F.

An August, 1992 workshop on Usher Syndrome was also conducted by HKNC-TAC. The project director applied and was accepted to attend this workshop. Information learned from this activity was shared with personnel from the Indiana School for the Deaf and with service personnel from Northeast Indiana who serve a number of Amish students with Usher Syndrome. Appendix G provides a sample of the Usher Syndrome Workshop.

The project director collaborated with the HKNC regional representative from the Chicago, Illinois office in developing a training activity for houseparents at the Indiana School for the Deaf. This workshop was conducted in Spring, 1992 and targeted students at the school with Usher Syndrome. Specific topics included how the eye works, vision simulations, adaptations, and appropriate recreation and leisure activities.

3) Collaboration with Existing Indiana Projects in the Development of Technical Assistance Activities. During 1989 through 1991, the project director met quarterly with Barbara Wilcox from the Indiana Least Restrictive Environment Initiative (I-LRE-I) Project and George Karlan from the Augmentative/Alternative Communication (AAC) Project. Project directors shared information about their respective projects, about projected training activities and how collaboration among the projects was to continue. Referrals of specific students for technical and resource assistance was one positive outcome from these meetings. During 1992, the meetings were less formal and sharing was done via telephone and written communication.

The Indiana Deaf-Blind Project worked closely with First Steps, the project organized by the Indiana Department of Mental Health, the lead agency to carry out the goals of Part H, under P.L. 99-457. Through the First Steps technical assistance project, TAP-IN, the Indiana Deaf-Blind Project participated in and/or organized two separate technical assistance activities. The first was a training of trainers activity specific to the writing of the Individual Family Service Plan (IFSP). Training sessions were conducted in January and February, 1990.

The second activity was an August, 1990, training workshop for service providers of infants and toddlers, birth through age two, with complex medical needs in addition to dual sensory impairments. Donna Lehr from Boston University conducted a day-long workshop regarding curriculum and programming issues.

During 1992, the directors of both First Steps and TAP-IN left their positions. As of December, 1992, neither position had been filled. Planning for technical assistance during this period was non-existent and services to infants and toddlers was directed toward individual requests to the Indiana Deaf-Blind Project rather than inservice training activities.

During 1990, Indiana received funding under the Technology-Related Assistance for Individuals with Disabilities Act of 1988. Project ATTAIN began in July, 1990. The Blumberg Center for Interdisciplinary Studies in Special Education at Indiana State University, which also houses the Indiana Deaf-Blind Project, was awarded a subcontract to identify and provide for the technology-related needs of individuals with dual sensory impairments. The Indiana Deaf-Blind Project director realigned her FTE during the 1990-91 project year and assisted with the implementation of this subcontract. A training module and videotape specific to the technology-related needs of and services for individuals with dual sensory impairments was developed during this time period. A brochure describing this project is provided in Appendix H. In addition to the module and videotape developed through the ATTAIN Project, a survey was conducted to locate Indiana residents, over the age of 21, with deaf-blindness. Over six hundred individuals were identified. Although the director for the Indiana Deaf-Blind Project returned to a 1.00 FTE in 1991, collaborative efforts using the ATTAIN training module and videotape continued. The Indiana Deaf-Blind Project and staff from the subcontract component of ATTAIN presented at national and state workshops during the project period and responded to a number of individual requests from public schools and community agencies for technical assistance.

4) Responses to individual requests for technical assistance from parents and professionals. Sixty-six requests for technical assistance were received by the Indiana Deaf-Blind Project during the 1989-92 project period. These requests were initiated by directors of special education, community agency executives, teachers, related services staff, hospital personnel, and parents. The requests were received via telephone, although in three situations, a letter to the project office prompted the request. Phone calls were made, more specific information collected about the request. A sample of the technical assistance request form is provided in Appendix I. In most instances, at least one visit was made to the classroom or home to provide assistance and follow up. When indicated, and if financial resources were available, an out of state consultant with expertise in deaf-blindness was contacted for on site technical assistance. If possible, a videotape was requested in order to provide consultants with additional information. Section V of this Final Performance Report provides a number of vignettes describing outcomes as a result of these individual requests for technical assistance.

Component 3.0: Resource Materials Center

Since 1986, the Indiana Project maintained a resource materials center for the collection, dissemination and exchange of information specific to the population of individuals with dual sensory and multiple impairments. Journals, articles, curriculum resources, assessment materials, books, videotapes, monographs, conference proceedings, and resource directories were among 700 entries maintained by the project. Additional materials were acquired during each of the 1989-92 project years. The materials were catalogued and entered into a data base. A complete listing of all acquisitions was printed and updated each year. The annotated, updated list was distributed to university libraries, the Indiana State Department of Education Materials Center and to interested individuals who requested this information.

The primary requesters of the materials were teachers and parents who asked for technical assistance from the project. University students majoring in special education were also frequent users. During any month of the project period, there were from five to twenty-five requests for materials. Videotapes, assistive technology devices and materials on communication strategies were among the most frequently requested materials. Appendix J includes a sample of the Resource Materials Center request form and a list of the catalog categories maintained in the data base.

Component 4.0: Parent Support Network

The focus of this component was for the Indiana Deaf-Blind Project to initiate a network of parents of children who have dual sensory impairments. A committee of parents was established during 1989 to determine what types of activities should be conducted. Parent support weekends were identified as a desirable activity. During the 1989-92 project period, two parent support weekends were conducted. The first weekend activity occurred in September, 1990. Six Indiana families with children under three years of age with dual sensory impairments were invited to participate. The families learned about special education laws, individualized educational programs, and information about technology and adaptations. In addition, families had numerous opportunities to share with one another. The teachers who provided services for these young children were invited to attend the Saturday session. A sample agenda for the weekend and evaluation data are provided in Appendix K.

The second weekend was held in July, 1991 and was organized much like the 1990 weekend. The focus for this weekend however, was on transition and personal futures planning. Eleven families participated. Activities were planned for all the children, including siblings. University students provided respite care for the families while they attended sessions. An agenda and evaluation data from the 1991 parent support weekend are also provided in Appendix K.

Two other parent activities were initiated by the Indiana Project. First, the project ordered sixty copies of a book titled *One Step at a Time, A Manual for Families of Children with Hearing and Vision Impairments* . These books, along with a project brochure and newsletter, were sent to Indiana families who had children with deaf-blindness on the Indiana census. If the addresses of families were not known, letters were sent to the service providers listed on the census sheets asking for their assistance in mailing the books to parents, along with information about the Indiana Deaf-Blind Project.

Second, the Indiana Deaf-Blind Project participated in a dissertation study directed toward families who have children with dual sensory impairments. Brent Bailey, University of Wisconsin, developed a series of videotapes titled, *Helping Your Child Learn*.. The videotapes were intended for parents to use in the comfort of their own homes. Helping your child learn dressing skills, eating skills, playtime skills, choices, self-control and help with adaptations were the topics of the six videotapes. Bailey provided each family with a videotape for responding to his survey and the Indiana Deaf-Blind Project provided families with an additional two videotapes. In addition these materials were made available to several schools/agencies when they assisted with contacting families and requesting their support. Before the above two projects were initiated, the Indiana Deaf-Blind Project had less than twenty addresses of families; the number increased to seventy after these activities.

Component 5.0: Development of State Policy Manual.

This component was a joint effort between the Indiana Department of Education, Division of Special Education and the Indiana Deaf-Blind Project. The intent was to identify guidelines with respect to educational best practice for children and youth with deaf-blindness. The Indiana Project requested and received policy guidelines from a number of states to use as models.

By 1991, this component was discontinued. Indiana had been revising their state rules for implementation of P.L. 94-142 (P.L. 101-476). The process and promulgation of the new Article

7 took longer than anticipated and the development of policy guidelines was not a priority for Division staff. Indiana did, however, develop a definition and eligibility criteria for dual sensory impairment. The Indiana Deaf-Blind Project staff assisted with the development of that definition and the eligibility criteria used by the Indiana Department of Education.

Component 6.0: Dissemination of Information.

The purpose of this component was to provide information about the Indiana Deaf-Blind Project to parents, programs and systems throughout Indiana. A number of activities occurred to accomplish this objective.

A project brochure was designed, printed and distributed throughout the project period. In fact, a second printing was completed in 1992. The brochure accompanied materials sent from the resource materials center and was distributed at appropriate meetings and conferences. A sample of the brochure is provided in Section VI of this Final Performance Report.

In November, 1989, the Indiana Deaf-Blind Project began publishing *Information Updates*, the project newsletter. The newsletter provided information about project activities, new materials available through the resource materials center and featured articles on specific educational topics. In 1989, ten issues were published and distributed to over 400 individuals. During 1991-92, bi-monthly issues were published and the readership increased to over 700. Samples from each project year are provided in Section VI. Also included in Section VI are the results of a newsletter survey sent in 1990. In addition to publishing *Information Updates*, the Indiana Project submitted articles to existing newsletters such as the I-LRE-I Reporter and the Indiana Special Education Administrators "Cable" newsletter.

A number of presentations at local, state and national conferences and meetings occurred during the 1989-92 project period. The Indiana Deaf-Blind Project disseminated project information at each of the following: a) 1990, 91, and 92 annual presentations at Indiana Federation Council of Exceptional Children Conference; b) 1991 poster session at International TASH Conference; c) 1992 presentation at the Technology and Media Division for Council for Exceptional Children; d) 1991 presentation for Indiana Vocational Rehabilitation counselors for the deaf and blind; and e) 1990, 91 and 92 presentations at Indiana University-Purdue University at Indianapolis for annual graduate summer institutes in severe disabilities. Samples of outlines and evaluation comments from these presentations are provided in Appendix L.

During each of the 1989-92 project years, the Indiana Project participated with GLARCDBE as an ex-officio member of their advisory board. Information about the Indiana project was shared with representatives from Pennsylvania, Ohio, and Wisconsin in semi-annual meetings. It was through these meetings that the Indiana Project acquired the GLARCDBE training modules discussed in the Technical Assistance Component of Section IV of this report.

Component 7.0: Evaluation of Project.

Evaluation was formative and summative in nature. It was ongoing throughout the 1989-92 project period and attempted to answer three questions:

1) Do the project activities demonstrate a positive impact on individuals with dual sensory impairments and the programs and systems which serve them?

2) Would the population of individuals with dual sensory impairments receive the same educational benefits without the Indiana Deaf-Blind Project?

3) How can the Indiana Deaf-Blind Project determine whether the various state systems adopt the educational practices sanctioned by the Indiana Project on behalf of persons with dual sensory impairments?

Even more specific questions were developed. A copy of those questions is provided in Appendix M. A variety of instruments were used to answer these questions. They included pre/posttest instruments, consumer satisfaction surveys, needs assessment instruments and basic numerical information about numbers of service requests, activities planned, and materials distributed. During the first and second years of the project period, a professor of special education at Indiana State University provided consultant services to the Indiana Project regarding evaluation data. Section VI of this Final Report provides more information about outcomes as a result of the Indiana Deaf-Blind Project.

Component 8.0: Project Management.

The management component was designed to ensure that the activities of the Indiana Deaf-Blind Project were completed according to schedule. The activities of this component included regular staff meetings to monitor timelines, project reports submitted to OSEP as required, and coordination with relevant individuals, programs and systems. Semi-annual meetings of the Indiana Deaf-Blind Project Advisory Committee were also a part of this component. The Advisory Committee was comprised of 19 members, eight of whom were parents of children with dual sensory impairments. A list of members and a sample agenda from one meeting are provided in Appendix N. The Indiana Project components with timelines are provided in Appendix O.

Section V. Outcomes, Effects and Future Directions

As in the preceding sections , Section V is organized around each of the eight project components. Within each component, global outcomes, specific outcomes, differences as a result of this project, and future actions needed are discussed as a result of the activities conducted during the 1989-92 project period.

Component 1.0: Identification, Registration & Tracking. The continued identification, registration and tracking of Indiana students, birth through age twenty-one, who have dual sensory impairments.

Outcomes and Effects. Fifty-seven new children were identified with deaf-blindness. This brought the total number of children and youth with deaf-blindness in Indiana from 22 in 1986 to 199 as of the December 1, 1991 child count. Increased educational benefits to Indiana children and youth were the result. Thirteen other states received packets describing the Indiana census process. Collaboration between the Indiana Project and the Division resulted in the incorporation of a definition and eligibility criteria for dual sensory impairment in Article 7, Indiana's rules for the implementation of P.L. 101-476. Coordination of effort between the Indiana Project and the Division was extensive. If requested, up to eleven packets of information on educational topics specific to deaf-blindness were sent to school and agency personnel in return for completing census materials. A monograph describing the causes of deaf-blindness along with profiles of Indiana children was written and is now in draft revision with a distribution date of Spring, 1993.

Future Actions. Although the number of Indiana children and youth with deaf-blindness are within the expected range for the state, it is likely there are additional children who have yet to be identified. In addition, the personnel from school and agencies who report children and youth during the census process often vary from year to year. It was apparent that they were not always familiar with the definition of dual sensory impairment. For example, one young girl who has maternal rubella and had been reported to the census for several years was reported in 1989, was removed in 1990 and then reported again during the 1991 census. The reporter indicated the young girl was not totally blind and deaf, therefore she was not reported. Continued efforts to provide information about the population of children and youth with deaf-blindness are necessary.

Likewise, continued efforts need to be made to ensure that children and youth who are reported, do, indeed, qualify for the Indiana census of children with deaf-blindness. In some cases there was no documentation that the child had a hearing or visual impairment or that any testing had occurred to determine hearing or visual impairment. While the Indiana Project believes it is better to over identify, particularly as that identification process refers to infants and toddlers, the Project staff must continue to educate school and staff population about the importance of accurate testing and identification.

Component 2.0: Technical Assistance. To increase the knowledge and training of parents and professionals in the area of dual sensory impairments.

Outcomes and Effects. Twelve workshops using training modules developed by GLARCDBE and TASH TA were conducted during the Project period. A total of 250 individuals including parents and service providers were trained throughout Indiana using these modules. The training modules were written by consultants with expertise in deaf-blindness and included such areas as challenging behaviors, communication, functional curriculum, integration, and an introduction to the population of individuals with dual sensory impairments.

Two national projects designed to provide technical assistance to states, TASH-TA (now TRACES) and HKNC-TAC, provided various types of technical assistance to the Indiana Project. Specific activities to address individual student change, program change and systems change were conducted. Of particular significance was the development of the three year Mentor Teacher Training Project. The Indiana Deaf-Blind Project and TRACES developed this activity to help build the local capacity of Indiana teachers. Although not all of the 15 teachers decided to become mentor teachers, Indiana and TRACES project staff were pleased that five of the teachers decided to continue. Those five are five more than the Indiana Deaf-Blind Project had available for consultation prior to 1989.

The Indiana Deaf-Blind Project established positive links with other state projects serving Indiana children and youth with disabilities. Extensive work with Project ATTAIN, Indiana's technology project yielded a videotape titled, *Independence through Technology*. Several Indiana children and youth with dual sensory impairments were featured in this videotape. A training module was developed and training workshops, featuring this module, used staff from both projects. Although funding for both the videotape and module was provided by ATTAIN, the Indiana Deaf-Blind Project provided information about ordering these materials through numerous dissemination activities.

Sixty-six requests to the Indiana Deaf-Blind Projects resulted in technical assistance visits to schools, agencies and families during the 1989-92 project period. Approximately 25 of those requests involved services to infants, birth through age 2 or youth over age 18. The following vignettes provide a sample of requests for technical assistance and the specific outcomes achieved.

1. Billy is an eight year old student who is totally blind and profoundly deaf. The cause of his dual sensory impairment is unknown. He attends a classroom for students with severe/profound mental retardation. Billy is non-ambulatory. He appears to be asleep during most of the morning classroom routine and is difficult to rouse. The teacher and supervising teacher requested technical assistance from the project, related to programming strategies for Billy, appropriate curriculum modifications for the classroom program, and training information for the four classroom assistants assigned to the classroom.

   The project director made three visits to the classroom; one day spent observing and interacting with the teacher and students, a second day to provide inservice training to the classroom assistants and review the report written by the project director and a third day to provide classroom follow-up and provide assistance in writing new goals and objectives for Billy's annual case review.

2. Barbara is a 17 year old student with maternal rubella. She is profoundly deaf, is totally blind in one eye and has light perception in the other. She has multiple medical

needs including glaucoma and heart irregularities. Barbara exhibits many challenging behaviors. She has been in residential placements since early childhood. She attends a school in Wisconsin and was placed there through Indiana's out of state educational placement procedures. The school is attached to a medical center and serves students with multiple disabilities. The Indiana Department of Education was contacted by school personnel in September, 1989, requesting specific training for their staff in the areas of orientation and mobility and communication techniques. The Indiana Deaf-Blind Project assisted in locating a consultant who provided technical assistance. A case conference was also scheduled with the parent and the responsible Indiana local school corporation to change the IEP to reflect Barbara's needs for additional training and for her transition back to Indiana after age 18. Training provided to the project director in personal futures planning resulted in transition conferences with the local public school and family members. The project director initiated the personal futures planning process with the assistance of the HKNC regional representative from Chicago.

3. Zack is 15 years old. He is totally blind and profoundly deaf. The cause of his deaf-blindness is retinopathy of prematurity. Zack has been in residential placements since early childhood, although his parents have been directly involved in his care from infancy. During 1990, efforts were made to relocate Zack from a residential school to an alternative living setting. The Indiana Deaf-Blind Project Director attended the meetings designed to plan his transfer to this less restrictive setting. In addition, the Indiana Project provided training to school and houseparents through contracting with an out of state consultant. The consultant assisted the family, school and houseparents in the development of a textured communication system, in addressing Zack's challenging behavior and in consulting on appropriate travel techniques. The Indiana Project staff and the consultant continued to provide ongoing support to all parties.

4. Christopher is three years old. His dual sensory impairment is the result of child abuse. He lives in a foster home and attends an early intervention program four mornings per week. A consultant for the visually impaired contacted the Indiana project and requested technical assistance in the area of communication and curriculum strategies. The project director observed Christopher in preschool in February, 1990 and met with the foster mother, the classroom teacher, and the vision consultant to discuss program strategies. Touch cues and concrete objects were introduced as well as a variety of positioning strategies to facilitate reach and grasp activities. A report was written incorporating the recommendations and a second visit followed three months later.

5. Amber is four years old. She demonstrates no response to visual stimuli and audiological testing indicates no response. She is medically fragile, has cerebral palsy, is on an apnea monitor 24 hours per day, has a "trach," a "G" tube, receives a 30% mixture of oxygen with mist, and is suctioned frequently. Medical reports indicate she has between 50 to 60 seizures per day. Amber has a twin sister with the same disabilities. A videotape of Amber was sent to the project director along with a request for programming strategies from the early childhood program serving her. Questions were also raised as to whether Amber's seizure activities were brought on by the intervention of staff persons working with her. Weekly data collection began before intervention and again after intervention. Suggestions were made regarding touch cues, positioning for maximum comfort, the use of temperatures, fans, water, vibrations, etc., and how these materials could be incorporated into Amber's daily routine. A

consultant with expertise in children with complex health care needs was provided to offer program assistance.

Future Actions. During the 1989-92 project period, the Indiana Project provided extensive technical assistance to a unique population of children and youth with deaf-blindness, to families and to service providers. There is a need, however to direct more intensive technical assistance to infants and toddlers, birth through age two, and to youth, 18 through age 21 as they transition to adult services. In order to address these needs, the Indiana Project developed a number of technical assistance activities to address the training needs of the two groups during the next project period. Briefly, they include inservice training in identification of infants and toddlers with deaf-blindness, training of early interventionists through the summer Mentor Teacher Training Project using TRACES technical assistance and the use of the HKNC-TAC interagency collaboration model to direct Indiana adult services for youth with deaf blindness. As indicated by the above planned activities, the use of the national technical assistance projects, TRACES and HKNC-TAC will continue to focus on the building of local capacity in Indiana. Finally, the method of responding to individual requests and providing individual technical assistance by the Indiana Project needs to be more systematic, using evaluation methods that measure both satisfaction and impact.

Component 3.0: Resource Materials Center. To maintain a resource materials center for the collection, dissemination and exchange of information specific to the population of individuals with dual sensory impairments.

Outcomes and Effects. Extensive materials specific to children and youth with deaf-blindness and severe disabilities were acquired. These materials were not available in other Indiana repositories for educational materials. Videotapes appeared to be the most frequently requested materials by both families and service providers. During follow-up, the project director inquired about the use of the materials. In response to these questions, responders indicated the materials provided them with new ideas and a rationale for some of the strategies and techniques already being used. The materials resource center was organized to loan some materials, such as switches and toys, for extended time periods. Informally, responders indicated their appreciation for this system, because it provided opportunities to try out the materials before purchasing them for use in their classroom or at home.

Future Directions. Requests for specific types of materials were tabulated and more information and materials directed toward assessment, particularly in terms of functional vision and hearing were at the top of the list. Attempts to locate and acquire this information is a future direction. In addition, dissemination of the available materials to a wider audience is needed. Because, the Indiana Project has access to the names of teachers of Indiana children and youth with deaf-blindness, a listing of the resource materials should be made available to them.

Component 4.0: Parent Support Network. To initiate a network for linking parents of children and youth with dual sensory impairments.

Outcomes and Effects. An increase in the number of addresses of families was an important outcome of the activities conducted. This allowed for direct dissemination of information about deaf-blindness, about the services offered by the Indiana Project, and provided opportunities for families to directly participate in decision making about future activities. The evaluation data from

the Parent Support Weekends indicated how much families appreciated and benefitted from opportunities to share with each other and how much they wanted this activity to continue.

Future Directions. Parent Support Weekend evaluations indicated the need to provide information about available Indiana resources and advocacy. Future weekends will address these topics. In addition, many families indicated the need for easier access to other families and to resource information. As a direct result of this, future plans are for the installation of a toll-free information line answered by a parent of an Indiana child with deaf-blindness. This line would be linked to an already established network of Indiana families, the Indiana Parent Information Network.

Component 5.0: Development of State Policy Manual. To assist the Indiana Department of Education, Division of Special Education in the development of a policy manual specific to the education of children and youth with deaf-blindness.

Outcomes and Effects. Policy guidelines from a number of states were acquired. A definition and eligibility criteria for dual sensory impairment were established for inclusion in Indiana's special education rules. This definition and eligibility criteria were to "drive" the policy guidelines. This component was not completed during the 1989-92 project period due to staffing limitations and other priorities at the Division.

Future Directions. If requested by the Indiana Department of Education, Division of Special Education, the Indiana Deaf-Blind Project would assist with the development of a policy manual specific to the education of children and youth with deaf-blindness.

Component 6.0: Dissemination of Information. To provide information about the project to parents, programs and systems throughout Indiana.

Outcomes and Effects. Fifteen hundred brochures about the Indiana Deaf-Blind Project were distributed during the 1989-92 project period. A newsletter, "*Information Updates,*" was published and distributed to a readership of over 700 families and service providers. Presentations at state and national conferences occurred throughout the period. All of the dissemination activities were responsible for increased knowledge about the Indiana Deaf-Blind Project. Requests for services were also an outcome from a number of the dissemination activities. New children and youth were reported to the Indiana Project as a result of dissemination efforts. The major outcome of all of these activities was an improvement in service delivery benefiting Indiana children and youth with dual sensory impairments and their families.

Future Directions. Current dissemination activities should continue into the next project period. The brochure will be updated to include Indiana's new definition of dual sensory impairments. Based on evaluation information, the newsletter will continue to publish on topics specific to deaf-blindness and of interest to the readership. Certain geographic areas where there is thought to be under reporting of children and youth with dual sensory impairments are targeted for increased dissemination efforts.

Component 7.0: Evaluation of Project. To collect and provide formative and summative information for evaluation of the goals and activities of the Indiana Deaf-Blind Project.

Outcomes and Effects. Evaluation data were collected to measure the satisfaction and impact of each of the program components. The evaluation data collected supported positive outcomes for each of the activities conducted. The data were able to answer the evaluation questions provided in Appendix M. In addition, the information from those evaluations helped shape the ongoing activities of the Indiana Deaf-Blind Project during the project period.

Future Directions. An abundance of evaluation data measuring satisfaction were collected. However, actual measure of impact of some of the activities was not measured. Future evaluation data needs to measure the impact of the Indiana Deaf-Blind Project in terms of implementation. Although assumed, it was not measured.

Component 8.0: Project Management. To ensure completion of project activities according to established timelines and to review project activities on a regular basis so as to make adjustments if necessary.

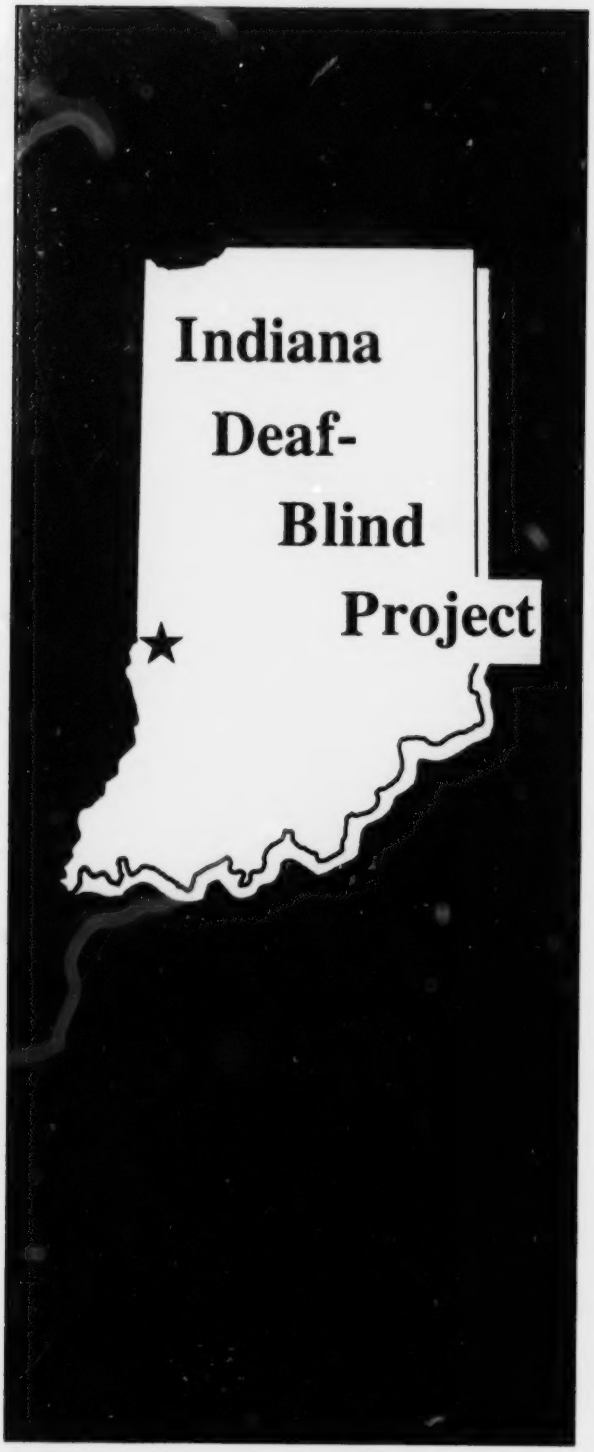
Outcomes and Effects. Regular staff meetings occurred throughout the project period. Timelines were monitored, appropriate changes were made and applications for continuation funding were submitted according to due dates. Semi-annual Advisory Committee meetings were held and activities were adjusted to reflect the advice and concerns of committee members.

Future Directions. Advisory Committee members requested more frequent meetings and the establishment of ad hoc committees directed toward specific topics. Although parent representation is strong, additional parents should be added and/or replaced on an ongoing basis.

Section VI. Products Developed - 1989 - 1992

The 1989-92 Indiana Deaf-Blind Project developed three products: a project brochure, a newsletter, *Information Updates,* and a monograph, titled, *"Profiles, Individuals with Dual Sensory Impairments."* A copy of the brochure and samples of the newsletter from each project year are included in this section. The monograph, describing causes of deaf-blindness is in a final edit and revision stage and is not available to include with this Final Performance Report. The anticipated date of publication is Spring, 1993. A copy will be sent to the Office of Special Education Programs for inclusion in this report as soon as it is available.

Two other products were developed in cooperation with the Indiana Deaf-Blind Project through Project ATTAIN, Indiana's Technology Project. These products include a training module, titled, *Assistive Technology and Dual Sensory Impairments* and a videotape, titled, *Independence through Technology*. A brochure describing these products and ordering information is also included in this section.


Indiana
Deaf-
Blind
Project

What is the INDIANA DEAF-BLIND PROJECT?

The Indiana Deaf-Blind Project is a federally-funded program serving individuals, birth through age 21, with dual sensory impairments. The project provides training, technical assistance, and resources to educational personnel, families, and others who work with these individuals. The project supports the philosophy of inclusion of the individual in education, vocational, and community environments.

Who is ELIGIBLE?

Individuals with dual sensory impairments represent a heterogeneous group and include:

- individuals who are both deaf and blind as demonstrated by accurate vision and hearing tests;
- individuals who have hearing and visual impairments of a mild to severe degree and additional learning and/or language disabilities;
- individuals who may have been diagnosed as having a degenerative pathology or disease which will affect vision and/or hearing acuity; and,
- individuals with multiple handicaps due to central nervous system dysfunction who may demonstrate inconclusive responses during evaluations or in the natural environment.

What are some of the ACTIVITIES of the Indiana Deaf-Blind Project?

- Identify, register, and track individuals, birth through 21 years of age, with dual sensory impairments. This activity occurs annually in cooperation with the Indiana Department of Education, Division of Special Education child count procedures.
- Conduct training activities for parents and professionals.
- Plan and implement technical assistance activities using the Helen Keller Technical Assistance Center and the Association for Persons with Severe Handicaps technical assistance projects.
- Respond to individual requests for technical assistance in educational settings.
- Collaborate with federal and state educational projects in the development of interagency technical assistance activities.
- Maintain a materials resource center. Books, articles, and videotapes specific to dual sensory and multiple impairments are available for loan.
- Support efforts to link parents and professionals through training activities and identification of resources.
- Disseminate information regarding dual sensory impairments and project activities through the *Information Updates* newsletter.

What TOPICS are addressed through the training and technical assistance activities?

- State-of-the-art educational practices for individuals with dual sensory impairments.
- Communication strategies.
- A functional skills, community based, peer referenced approach to curriculum development.
- Instructional strategies.
- Available resources for personnel in educational planning, transition, and vocational training.
- Integration.
- Parent/professional collaboration.

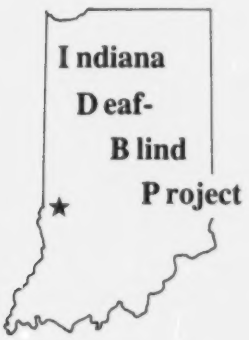
WHO can USE these services?

- Educational personnel who work with individuals between the ages of birth and 21 years of age with dual sensory impairments.
- Personnel from state and community agencies, medical programs, and others who provide services to individuals with dual sensory impairments.
- Parents and family members, group home, and individual care providers of individuals between birth and 21 years of age with dual sensory impairments.

ADDITIONAL INFORMATION

For additional information or to request services or resources, contact:

Karen Goehl, Director
Indiana Deaf-Blind Project
School of Education, Room 502
Indiana State University
Terre Haute, IN 47809
(812) 237-2830
TDD (812) 237-3022
Special Net User Name: INBLUMBERG



The Indiana Deaf-Blind Project is administered through the Blumberg Center for Interdisciplinary Studies in Special Education at Indiana State University

Support for this project is provided by Agreement H025A90030 from the U.S. Department of Education. This material does not necessarily reflect the positions or policies of the U.S. Department of Education, and no official endorsement should be inferred.

Indiana Deaf Blind Project

Information Updates

Volume 1, No. 2 December, 1989

A Series of Training Modules on Educating Children and Youth with Dual-Sensory and Multiple Impairments

The Great Lakes Area Regional Center for Deaf-Blind Education (GLARCDBE), in cooperation with The Association for Persons with Severe Handicaps (TASH) developed a series of six training modules. The training modules were designed to help service providers and parents understand the complicated needs of children and youth with dual-sensory and multiple impairments.

Four persons from Indiana attended a training workshop in April 1989, where they, along with representatives from four other states, were taught how to use the modules. Karen Goehl, Alice Buchanan, Lynne Bohnert, and Sharon Lingvai-Smith were the Indiana trainees.

Over the next three years, these facilitators, through the Indiana Deaf-Blind Project, will be presenting training workshops to service providers, parents, and family members using these modules. A multi-media approach including videotapes, overheads, and handouts is a part of each presentation. A brief description of each module follows.

Introduction to the Population

The population of individuals with dual-sensory impairments is very heterogeneous, resulting in educational programs and approaches that vary depending upon the nature and severity of the impairments. Additional handicapping conditions such as mental retardation, physical disabilities, and other health impairments frequently occur and are discussed in this module.

Functional Communication

This training module assists service providers, parents, and family members in acquiring information and knowledge about strategies to facilitate the communication skills of children with dual-sensory and multiple impairments. Different types of communication are discussed.

Non-aversive Alternatives to Behavior Management

Topics include a discussion on non-aversive alternatives to punishment, the communicative nature of behavior, and how to analyze behavior.

Functional Approach to Curriculum Development

A functional approach to curriculum development for children with dual-sensory and multiple impairments is explored. This approach teaches skills which are needed to function throughout life. Functional activities and skills are identified in the following areas: domestic vocational, recreational/leisure, and community living.

Integration

Integration involves the placement of students with severe disabilities into age-appropriate regular public schools. Topics include rights under P.L. 94-142 and P.L. 99-457, history of segregated services and development of new service-delivery models, benefits from integrated services, what integration is, models of integration, and integration as part of a student's individualized educational program.

Related Services and the Transdisciplinary Approach

This module assists service providers and parents in becoming better consumers of educational and therapeutic services for children and youth with dual-sensory and multiple impairments. This module advocates the transdisciplinary approach in which all interested members, parents, teachers, and other professionals, collaborate and act as partners in developing and implementing goals for the student. Topics include issues related to team work, types of service delivery, and benefits of transdisciplinary approaches.

(See inset on Page 2)

Related Services *(Continued)*

Questions Answered by the Training Modules

- What are the state of the art practices for educating individuals with dual-sensory and multiple impairments?
- What is the definition of dual-sensory impairment?
- What are resources for serving individuals with dual-sensory and multiple impairments?
- What are the basic considerations in developing an educational program?
- What is communication?
- What are the functions of communication?
- How to interpret behavior as a function of communication?
- Why non-aversive behavior management approaches are effective?
- Why is it important to use a functional approach to curriculum development?
- What are the components of a functional curriculum?
- What does current legislation say about least restrictive environments?
- What are the benefits of an integrated placement for individuals with dual-sensory and multiple impairments?
- What are the various models of integrated service deliveries?
- What are the benefits of transdisciplinary approaches to education?

Pilot Family Programs

Over the next few months, the Indiana Deaf-Blind Project will focus on a variety of parent support programs. Pilot Families is one such program.

Being a parent is one of the most important jobs an individual can undertake. Despite its demands and responsibilities, it can be a most rewarding and fulfilling experience. However, it can also be met with frustration, anxiety, and stress. Suppose your child was born with a birth defect or suddenly became handicapped due to a severe accident. Where would you go for help? How would you locate services? How would you deal with the day-to-day demands and responsibilities. Where would you turn for emotional support and understanding, given all these seemingly overwhelming issues?

Pilot Families are volunteer family members who are sensitive to the problems and concerns of families with special needs such as having a child with disabilities. These families have encountered similar experiences with raising their own children with special needs. Members of pilot families do not function as professionals such as doctors, therapists, social workers, or case workers, but as ordinary people sharing their knowledge and experience and providing support and resources. It is often very comforting to sit and visit with someone who "has been there" and experienced first hand "what you are (I am) going through."

There are many types of Pilot Family Programs in different communities throughout the United States. These programs include Parents Helping Parents in San Jose, California; The Troubleshooters in Seattle, Washington; and Pilot Parents in Omaha, Nebraska.

Pilot Family type programs offer a range of services, including:

- Information Packets of resources and services
- Visiting Parent Program
- Support Groups
- Workshops and Training Seminars
- Advocacy and Legislative Lobbying
- Peer Counseling
- Crisis Intervention Hotlines

The book *Pilot Families* by Robert Perske describes several types of Pilot Families and is available for loan through the Resource Center.

The Indiana Deaf-Blind Project is interested in planning a "Families Together" weekend to be held in Terre Haute next summer. A limited number of families would spend the weekend talking with each other about specific topics of interest. Group leaders knowledgeable about the issues would act as facilitators for the sessions. If you are interested in such an activity or would like to assist in the planning, please let us know.

Participants Sought for Genetic Study of Retinitis Pigmentosa and Leber's Congenital Amaurosis

The following request for research participants was distributed at a workshop for Indiana Consultants for the Visually Impaired, held October 26, 1989 at the Indiana School for the Blind in Indianapolis.

Scientists at the Johns Hopkins University School of Medicine are applying recently developed genetic detection methods to determine the cause of Retinitis Pigmentosa and Leber's Congenital Amaurosis. These two eye diseases are known to be inherited, but the precise genetic changes that cause them are unknown. "The only certain route to accurate diagnosis and rational treatment is through an understanding of the precise genetic alteration and its biochemical consequences," says Dr. Jeremy Nathans, head of the research team.

In earlier work, Dr. Nathans' group determined the genetic alteration that causes an inherited disorder leading to loss of central vision. This disorder, called Blue Cone Monochromacy, causes both a profound loss of color discrimination and a loss of acuity.

The study of Retinitis Pigmentosa and Leber's Congenital Amaurosis will use the same gene detection methods but is being carried out on a far larger scale. The research team is aiming to recruit 1,000 participants. "The larger the study, the more significant the results," says Nathans. "We urge every person with either Retinitis Pigmentosa or Leber's Congenital Amaurosis to participate. Participation requires only a small (10-20 cc) blood sample donation. This can be drawn at any convenient clinic or doctor's office and sent to us by Federal Express. The Johns Hopkins University will pay all costs and the identity of participants will remain confidential."

Those who would like to participate and/or obtain more information should contact Dr. Nathans at the following address and telephone number:

Dr. Jeremy Nathans
804 PCTB
725 North Wolfe Street
The Johns Hopkins School of Medicine
Baltimore, MD 21205
(301) 367-3280

BEST COPY AVAILABLE

UPDATE

Proposed Rule S-1 Revision

Rule S-1 is recognized as Indiana's implementation of P.L. 94-142. In October, 1987, the Indiana Department of Education, Division of Special Education, re-opened Rule S-1 for revision. Comments and recommendations from individuals, professional organizations, and parents as well as input from the Advisory Council and Division of Special Education staff resulted in a draft of the Proposed Rule S-1.

A series of public meetings to receive comments on the draft were then held during October at seven sites in Indiana. Ninety persons attended the meeting in Terre Haute on Monday October 16, 1989. They included parents, teachers, administrators, university personnel, and related services personnel. Twenty-six people provided comments at this public meeting. Caseload and class size, fiscal impact, definitions, and clarity of language were the primary topics for comments.

Paul Ash, Bob Marra, and Carol Eby represented the Division of Special Education. The comments will now be received by the State Advisory Council and a second draft will be developed early in 1990.

The Indiana Deaf-Blind Project submitted comments regarding class size and clarification of the definition of dual-sensory impairments and its connection with the definition of multi-handicap in terms of identifying students in Indiana with dual-sensory impairments.

Nearly 700 persons throughout Indiana attended the Proposed Rule S-1 Public Meetings. Below is brief information on the respective sites, number of persons in attendance, and number of persons testifying. (Taken from SPECIALNET Tuesday, October 24, 1989)

10-10-89 Merrillville—150 persons; 27 persons testifying

10-11-89 Fort Wayne—90 persons; 19 testifying

10-12-89 Wayne Township—85 persons; 27 testifying

10-16-89 Terre Haute—90 persons; 26 testifying

10-17-89 Evansville—90 persons; 27 testifying

10-18-89 Scottsburg—85 persons; 25 testifying

10-19-89 Lawrence Township—120 persons; 29 testifying

Photocopies of all submitted comments will be shared with Advisory Council members. Next Advisory Council meeting will likely be scheduled for January.

Do You Know Anyone . . .

. . . Who would benefit from receiving this newsletter?

If so please complete this coupon and return it to:

Indiana Deaf-Blind Project
Blumberg Center
School of Education, Room 502
Indiana State University
Terre Haute, IN 47809
(812) 237-2830

Name _____

Street _____

City _____

State _____ Zip _____

Holiday Stress or How to Have a Happy Holiday Whether You Like It or Not

By Larry Gordon
Indiana Deaf-Blind Project

So much to do . . . so little time. Office parties, school programs, family get-togethers, traveling, cards to mail, cookies to bake, last minute shopping, people to see, and plans to make . . . . Let's be honest. The holidays can be hard work. Although the holidays are a special time of year that can be fun and festive for most of us, for others it can cause much stress, tension, and pressure. Everyday life can often put enough stress on us. During the holiday season, those pressures can be compounded. The social, emotional, physical, and financial demands of this season can leave us feeling tired, drained, and overwhelmed. Feeling bad about not feeling good when everyone else seems to be having a wonderful time, seems to make things worse. It all adds up to holiday stress.

Stress is the body's physical and emotional response to what is perceived to be a threat. Stress is a natural part of life. Positive stress motivates us to make decisions, act, or respond in crisis situations. Negative stress can cause tension, pressure, or overwhelm us. We all react to stressors in different ways depending on our coping skills, physical response, and situational factors as well as how we perceive the stressors.

What can be done to cope with holiday stressors? Here are a few suggestions.

**Keep your expectations realistic.* Placing too many demands on yourself, others, or the holiday itself, can lead to unnecessary disappointments.

**Set priorities and stick to them.* Don't try to be everywhere, doing everything. Plan a holiday schedule you can be comfortable with and feel content.

**Don't overdo it.* Often individuals over-extend themselves with preparation, activities, and events. You'll enjoy the holiday more if you do things in moderation and plan accordingly.

**Make it easy on yourself.* Keep your schedule manageable. Limit spending. Stay within your means. Don't expect too much from yourself or others.

**Treat yourself.* Be good to yourself in a special way. Relax. Do something enjoyable. Get yourself a present, that special something you've been wanting.

**Keep your sense of humor.* Laughter can help you put things in perspective and enjoy a situation more positively.

**If you need help, ask.* Don't be a martyr. Family and friends care and are more than willing to help. Don't hesitate to ask for and accept the help you need.

**If you can be of help, don't wait to be asked.* Offer your comfort, support, and aid. It goes a long way for someone in need and makes a positive difference.

**Reach out to others.* When people are experiencing difficulties, they often tend to isolate themselves and withdraw. Include other people into your life. It's better to be with others and it feels healthier.

**Take time to reflect.* Remember the true meaning of the holiday season.

Remember, stress doesn't have to be a way of life during the holiday season so . . . relax . . . and

HAPPY HOLIDAYS.

Coping With Stress

- Daily physical exercise.
- Talking out worries to others.
- Learning to accept what we cannot change.
- Getting enough sleep so the body can refresh itself.
- Balance your work.
- Don't worry about something until it happens.
- Balanced nutritious diet—limit use of salt, sugar, caffeine, and alcohol.
- Use relaxation techniques to turn off your stress response.
- Learn to think positively.
- Support system—family, friends, community.
- Avoid chemical dependency.
- Take one thing at a time.
- Remove self from anxiety producing situations.
- Learn to tolerate and forgive.
- Allow time to relax each day.

Blumberg Center News

A Preschool Assessment Workshop for psychologists, directors of special education, and others interested in this topic was held at the Sheraton Northeast in Indianapolis on November 3, 1989. Sarah J. Norris, Ed.D. and Randi K. Zaichek, M.A., CCC-SLP of the Riley Child Development Center, were the workshop presenters: Topics included: Assessing the Preschool Child, Functional Vision and Hearing Assessment Via Play Observation, and Interpretation of Results to Parents. Seventy-five participants were in attendance.

This workshop was part of a series sponsored by the Indiana Department of Education, Division of Special Education, and the Blumberg Center for Interdisciplinary Studies in Special Education at Indiana State University. Future workshops, in this series, will include:

- December 8, 1989—Preschool Language Assessment and Program Development
- January 26, 1990—Parents as Teachers
- February 28, 1990—Motor Development and Recreation for Preschoolers
- March 9, 1990—Linking Developmental Assessment and Early Intervention: Curriculum Based Prescription.

Resource Materials Center

The Indiana Deaf-Blind Project maintains a collection of resource materials specific to individuals with dual-sensory and multiple impairments. This Resource Materials Center has been acquiring materials since 1986.

The collection is located in the Blumberg Center for Interdisciplinary Studies in Special Education at Indiana State University. Over 450 articles, curriculum resources, assessment materials, books, videotapes, monographs, conference proceedings, and directories of resource services are included. All of the materials are cataloged using a computerized database system which specifies resource file categories. Updated lists of materials will be published in the monthly *Information Updates*. Complete listings of resource file categories are available upon request.

Individuals may borrow materials for a two week period using established loan procedures. A sample request form is included in this issue of *Information Updates*.

Resource File Categories

1. Assessment
2. Communication
3. Curriculum
4. Early Childhood
5. Employment
6. Family
7. Integration
8. Medical
9. Publications
10. Related Services
11. Service Providers
12. Skills
13. Technology
14. Transition

The computerized database system catalogs the materials into 14 different categories. Each category contains numerous sub-categories (descriptors) which permit a variety of titles, authors, and topic areas to be easily accessed. Bibliographic listings may be requested for any major topic area.

A Sampling of Available Resource Materials

Gallagher, J. and Vietze, P. (1986). *Families of Handicapped Persons*. Baltimore: Paul H. Brookes.

Goetz, L.; Guess, D. and Stremel-Campbell, K. (1987). *Innovative Program Design for Individuals with Dual Sensory Impairments*. Baltimore: Paul H. Brookes.

Indiana Department of Education, Division of Special Education. (1989). *Proposed Rules, Regulations and Policies, 511, IAC 7-1, Rule S-1*. Indianapolis, IN: IN Department of Education

McInnis, J.; and Treffry, J. (1982). *Deaf-Blind Infants and Children: A Developmental Guide*. Ontario: University of Toronto Press.

Perske, Robert and Perske, Martha. (1987). *Hope for the Families*. Nashville: Abingdon Press.

Indiana Deaf-Blind Project Resource Materials Request Form

PROGRAM INFORMATION

Program: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Title: _____ Phone: _____

Loan Period: _____ (2 wks)

Date: _____

TYPE OF PROGRAM

[ ] Community Agency
[ ] Public School
[ ] State School
[ ] Other Program

LOCATION #	TITLE	RESOURCE TYPE	FOR OFFICE USE ONLY DATE MAILED	DATE RETURNED

Upcoming Events

December 7-9, 1989: 16th Annual TASH Conference: Regular Lives Now
San Francisco, California

Janaury 19-20, 1990: Peer Tutor Conference, IU Campus
Bloomington, IN

January 30-31, 1990: Nonaversive Behavior Modification, Radisson
Plaza/Suite Hotel, Indianapolis, IN

February 15-17, 1990: IFCEC Annual Convention, Westin Hotel
Indianapolis, IN

April 19-20, 1990: I-LRE-I Conference
Indianapolis, IN

April 23-28, 1990: Council for Exceptional Children International Conference,
Toronto, Canada

For more information contact:

Indiana Deaf-Blind Project
Blumberg Center
School of Education, Room 502
Indiana State University
Terre Haute, IN 47809
(812) 237-2830

Indiana Deaf-Blind Project Information Updates Vol. 1, No. 2

This publication is made available by the Indiana Deaf-Blind Project, through the Blumberg Center for Interdisciplinary Studies in Special Education, located at Indiana State University, with support from the U.S. Department of Education, Office of Special Education Programs under cooperative agreement #H025A9003 and the Indiana Department of Education, Division of Special Education Grant #47-86-1. The views expressed in this newsletter do not necessarily reflect the opinions of either the U.S. Department of Education or the Indiana Department of Education and no official endorsement should be inferred.

Indiana Deaf-Blind Project Staff

Karen S. Goehl
Project Director/Associate Editor

Larry Gordon
Associate Editor

Lisa E. Edwards
Administrative Secretary

Pamela Gladish
Student Worker

Dr. William R. Littlejohn
Director of the Blumberg Center and
Consulting Editor

Indiana State University Office
of Publications
Ted Wilson, Manager

Indiana State University

The Indiana Deaf-Blind Project
BLUMBERG CENTER for Interdisciplinary
Studies in Special Education
School of Education 502
Terre Haute, IN 47809
(812) 237-2830
5-46371

Non-Profit
Organization
U.S. Postage
PAID
Permit No. 48
Terre Haute, IN

Indiana Deaf Blind Project

Information Updates

Serving the Needs of Individuals with Dual Sensory Impairments

Volume 1, No. 7 September 1990

IEP- Individualized Education Program

An IEP is a plan designed to help a student with a disability achieve specific educational goals. It is a team effort bringing together the skills and resources of parents, teachers, educational staff, other professionals, and the student.

> "Each word in the term 'Individualized Education Program' has a particular meaning: individualized means that the program is directed toward the unique needs of a specific child; education means that the program is directed to learning activities; and program refers to specific and clearly formulated goals and means to reach those goals" (Sattler 1988)

P.L. 94-142 requires that an Individualized Education Program (IEP) be developed for every student with a disability. The IEP must include current levels of educational performance, a statement of annual goals, specific services to be provided to the child, the date services will be initiated, the likely length of such services, and criteria for determining whether objectives have been achieved.

The IEP represents a crucial component of a student's special education program. Goals and objectives as well as a description of services for the student are put into writing. Teachers, students, and parents can benefit from clearly written IEP's since they provide a concrete set of goals and methods to follow.

IEP-Components

The basic components of an IEP include:

- ❑ A description of the student's present level of functioning.
- ❑ Annual instructional objectives (or long range goals) that specify the educational performances to be achieved by the end of the school year. The written goals and objectives are complete statements that serve a number of purposes; they provide for accountability; they motivate students; they facilitate parent-teacher communication; and they focus attention on learning activities.*
- ❑ Short-term instructional objectives focus on specific functions that can be achieved in a short time. These objectives usually respond to manageable units of instruction.
- ❑ A description of educational services.
- ❑ The date when special services will begin and the anticipated length of time services will be delivered.
- ❑ The extent to which the child will participate in regular education programs. Every attempt must be made to place the child in the least restrctive environment.
- ❑ A justification for the type of educational placement.
- ❑ A list of the individuals who are responsible for implementation of the IEP.
- ❑ Objective criteria, evaluation procedures, and timelines for determining whether instructional objectives are achieved. The IEP should be reviewed at least once a year and revised. Parents, teachers, other professional staff, and administrators should be present. Students may be present if appropriate. *

Reference: Sattler J.M. (1988)

*Deletions & modifications were made to sentences.

The IEP Process

P.L. 94-142 mandates that students with disabilities must be tested and that the test results and recommendations by a professional be approved by the parents of the student. The persons involved with the evaluation may include school psychologists, special educators, physical therapists, occupational therapists, speech therapists, audiologists, social workers, administrative personnel, and parents. The number of professionals involved with the evaluation and staffing depends on the needs of the student and the resources of the school district.

The IEP staff meeting should be attended by each individual who tested the student plus other professional educators and parents. During the IEP staff meeting, the tests administered, the results of the testing, and the goals and objectives are discussed. Next an agreement is reached about which goals and objectives are most important . Finally, the appropriate placement is made.

. If the parents agree with the recommendations, the placement and programs are initiated. If the parents do not agree with the recommendations, the parents may appeal the case.

A student must be re-evaluated at least once every three years and the IEP reviewed yearly. ❑

SIX CONSIDERATIONS IN PRIORITIZING IEP GOALS

The following is a system for selecting activity priorities and IEP goals to best meet the needs of an individual with dual sensory impairments. Practitioners are to generate a list of ten to 15 possible priority activities. Parents and staff rate the activities according to the six priority considerations. The highest rated activities form the IEP goal.

Parental Preference

Parents can provide significant and invaluable input in developing IEP goals. These goals may be pertinent to home, school, and community environments. A collaborative approach will include all significant individuals working together in planning and implementing a comprehensive program for the individual (student) with dual sensory impairments.

Student Preference/Reinforcement Value

Select functional goals and activities that are enjoyable to the student. Motivation and participation are enhanced when the specific activity has some personal interest and meaning. These activities will be most reinforcing.

Instructional Personnel Preference

The professional judgments of teachers and therapists should be highly respected in selecting the most functional, meaningful, and appropriate goals for the students. The teacher's input regarding goals can be just as critical as the input of the parents and student. (In times of disagreement, negotiations can lead to a compromise and/or consensus.)

Frequency of Occurrence

An activity should be considered for use as an IEP goal if it is frequently performed, either by the number of times it is required in the environment or the number of environments in which the activity must be performed, i.e. walking to and from a building.

Safety Concerns

Safety concerns, such as crossing streets, climbing stairs, riding in cars, and any activities which promote the safety of the student, should be considered in developing IEP goals.

Social Significance

In order for students with severe disabilities to interact with others, it is important that appropriate social and interaction skills be emphasized. ❑

From Nietupski, J.A. and Hamre-Nietupski, S.m. (1987)

Questions to Ask in Developing an Instructional Program

". . . An instruction program can be considered the working IEP . . . It provides specific information to carry out programming on IEP goals on an ongoing basis." (Nietupski & Hamre-Nietupski, 1987).

Answering these eight questions will help the educator in developing instructional programs to teach functional, age-appropriate, normalized activites.

- ❑ **What activity will be taught?**
- ❑ **Why teach this activity?**
- ❑ **What materials and training arrangements will be used?**
- ❑ **How will this activity be taught?**
- ❑ **How will progress be verified?**
- ❑ **What are the expected criteria (including accuracy, fluency, latency)?**
- ❑ **How will generalization be promoted?**
- ❑ **How will self-initiated performance be facilitated?**

Nietupski, J.A. and Hamre-Nietupski, S.M. (1987) ❑

SPECIAL FEATURE: ACTIVITY-BASED IEP'S

There are many forms and styles of writing IEP's. They differ in size and complexity. Each school system possesses its own unique method.

This issue of Information Updates provides an example of an Activity-Based IEP. An Activity-Based IEP best meets the needs of individuals with severe disabilities because it 1) identifies age appropriate activities that have an immediate impact on the learner's lifestyle 2)involves parents in the selection of educational goals for their child, 3) acknowledges valued family activities, and 4) provides clearly articulated goals and objectives coupled with assigned responsibilities and timelines for implementation.

The three articles describing the Activity-Based IEP are to be read in sequential order. The "Individual Profile" provides a fictitious description of an individual with dual sensory impairments. The "Activity-Based IEP" article briefly describes the IEP process. The "IEP Goal Sheet" provides an example of a completed activity-based IEP. ❑

Blumberg Center's "Guidelines" Accepted by ERIC

The *Guidelines for Integration of Learners with Severe Handicaps* has been selected for the Educational Resources Information Center (ERIC) database and abstract journal, *Resources in Education*. This manual was a product of the Federal Statewide Systems Change Grant administered through the Blumberg Center for Interdisciplinary Studies in Special Education at Indiana State University.

Based on a statewide needs assessment and the implementataion of best practices at three pilot sites, this manual assists schools, parents, and agencies in improving services for students with severe disabilities. The manual provides standards for service delivery, suggestions for implementations, resources, a glossary, supportive materials, and sample forms. ❑

BEST COPY AVAILABLE

ACTIVITY- BASED IEP

The Activity-Based IEP utilizes a comprehensive system to select and organize age appropriate activities tailored to meet the learner's needs. The *goals* for the IEP are actual activities in which the learner engages. The *objectives* express the specific skills and training that the learner needs in order to participate in relevant activities. Goals encompass a broad range of activities for each domain.

The activities are selected from a list or catalog of age appropriate activities. The parents and educators negotiate and prioritize the activities that will comprise the following year's educational program.

Activity-Based IEP's are developed using a series of procedures which are summarized below.

Home Activities Interview

The home activities interview assesses a broad range of activities that are engaged in by the learner and/or the learner's family in the domains of personal management, vocational, and leisure activities. The purpose of the assessment is to determine activities currently engaged in, the amount of supervision needed, and the frequency and quality of integration. In essence, this list provides an extensive listing of the range of activities available to individuals on a daily basis.

Age Appropriate Activity List

The parents & educational team select 3 to 5 activities from each of the 3 domains on the activity list. These activities are considered valued & important for the learner. Activities might include performing functional tasks which promote independence, such as grooming needs, performing a job/chore, using a vending machine, or eating at a fast food restaurant.

Parent Selection Form and Activity List

Parents take the selection form which contains items from the activity list to the IEP meeting. This is used to nominate potential goals for the learner's educational program.

IEP Meeting Worksheet

At the IEP meeting, parents present the activities that they have selected. The educational team also shares their recommendations. Selected activities are recorded on the IEP meeting worksheet. Common goals are identified. Discrepant goals are discussed and negotiated. Activities across the three domains are prioritized. Mastery of a select number of activities (6-10) is the desired outcome. For example, within the vocational domain a sampling of jobs and job formats is desired until the final job (last term of high school) is selected prior to graduation.

IEP Matrix

Selected activities are transferred to the IEP Matrix. Short term objectives, alternative performance strategies, and adaptations are identified and recorded on the IEP Matrix.

IEP Goal Sheet

Following the meeting, the educational team formalizes the IEP by writing out annual activity goals and short term objectives. Annual goals and short term objectives include the following components: 1) what the learner will be able to do (e.g., locate and purchase items at the grocery store; 2) limits of expected performance (e.g. learn to shop for up to 3 items at 3 different stores); 3) measureable criterion statement (e.g. independently locate 3 items on five consecutive probes); and 4) alternate performance strategies/adaptations (e.g., next dollar payment strategy, picture list).

Activity-Based IEP

An Activity-Based IEP is included as Figure 1.

IEP Follow-Up

At the beginning of each school year, the teacher sends a follow-up letter to persons responsible for implementing the IEP goals & objectives. The parents, for example, may get a letter identifying a mobility goal in which they have agreed to promote independent travel by using trailing techniques. A speech therapist may receive a letter containing several goals within which s/he is responsible for developing alternative forms of communication. ❑

Individual Profile: Sally

Identifying Information: Sally is an 8 year old female with dual sensory impairments (severe hearing loss, 82 db loss; legally blind, less than 20/200) & multiple disabilities which include mental retardation, a seizure disorder, communication and behavior problems.

Communication: Sally comprehends 10 signed tactile commands. She uses 5 basic signs to express needs and wants and makes use of object communication. She vocalizes but does not verbalize. She displays frustration in unfamiliar settings by pinching, biting, etc.

Social: Sally will interact spontaneously with adults and seeks out attention and affection. However, she often becomes demanding and overly dependent on others. She engages in limited interactions with her peers and prefers adult interaction.

Mobility and Orientation: Sally actively searches and explores her environment. She relies on adults for assistance in unfamiliar settings. Sally searches for desired objects and locations. She enjoys swinging, climbing, and jumping on playground equipment, as well as swimming. She participates in arts and crafts activities with hand over hand manipulation. When left alone, she becomes passive and engages in self-stimulation.

IEP Goals: Sally's parents and teachers would like to promote and enhance age appropriate, functional activities to improve skills in communication, mobility, self-initiated behavior, peer interaction, and appropriate social behavior. ❑

NAME: Sally
METHOD OF EVALUATION: Daily and/or probe data

IEP GOAL SHEET

DOMAIN: Personal Management
GOAL: To develop independent daily living skills

Priority	Annual Activity Goals	Date Initiated	Short Term Objectives	Status Report	Prosthetic/Alternative Performance Strategies	Responsibility	Timeline
	1. Sally will complete self care tasks in the school restroom. Self care tasks will include: indicating need to use the restroom, traveling to correct restroom; & washing hands following restroom use.	10/90	1 a. Sally will indicate when she needs to use the restroom by signing with fewer than 2 instances of inappropriate communication (hitting, biting, head banging, yelling) per day on 5 consecutive probes.	In Progress			
			1 b. Sally will independently travel to hall restroom without teacher contact (using walls for guidance) on 5 consecutive probes.		Tactile code on room door	OT	10/90
			1 c. Sally will close the bathroom door for personal privacy on 5 consecutive probes.				
			1 d. Sally will, with 3 or fewer prompts, wash her hands following restroom use on 5 consecutive probes				
	DOMAIN:: Leisure				GOAL: To develop independent leisure skills		
	2. Sally will complete leisure activities with peers in Mrs. K's 2nd grade class, (including travelling to class, interacting with peers, following game rules, and managing cards).	10/90	2 a. Sally will increase distance travelled toward class without teacher contact (using hallway walls for guidance) by 50% over baseline on 4 of 5 consecutive probes.	In Progress			
			2 b. Sally will communicate with peers by use of objects, signing, & vocalizing with fewer than 3 instances of inappropriate communication per class period on 4 of 5 probes.		Tactually coded comunication materials and objects	Speech therapist	Will develop by 10/90
			2 c. Sally will follow a tactually coded set of game rules for (x) card game, which includes initiating and terminating the game, on 3 of 5 consecutive probes.		Tactually coded game rules	Speech therapist	Will develop by 10/90
	DOMAIN: Vocational				GOAL: To develop vocational skills.		
	3. Sally will learn job routines in the domestic cluster (including folding towels and clothes, as well as newspapers) in home economics room.	10/90	3 a. Sally will increase distance travelled to home economics class without teacher contact (using hallway walls for guidance) by 50% over baseline on 4 of 5 consecutive probes.	In Progress	Tactile code on home economics door	OT	Develop by 10/90
			3 b. Sally will indicate when she needs more materials or is finished with the task by signing and vocalizing with fewer than 3 instances of inappropriate communication (hitting, biting, head banging, yelling) per period on 4 of 5 consecutive probes.				
			3 c. Sally's rate of task completion will increase by 25% over baseline on 5 consecutive probes.				

IEP GOALS:

Sally's parents and teachers would like to promote and enhance age appropriate and functional activities that would improve skills in the areas of mobility, communication, self initiated behavior, peer relationships, and appropriate social behavior

4

The IEP Meeting

I. General introductions
II. Overview of IEP process
III. Review parent rights
IV. Review of current goals and objectives (current level of functioning)
V. Parent(s) nominate goals for each domain
VI. Team representative nominates goals and objectives
VII. Goals are negotiated
VIII. Short term objectives are added
IX. Determine general prosthetic needs
X. Establish related service needs
XI. Parent(s) prioritize annual goals
XII. Determine placement
XIII. Determine individual responsibilities and establish timelines for completion tasks
XIV. Sign necessary documents

Reference:
Wilcox B. and Bellamy, G.T. (1987).

References and Materials Available through the Resource Materials Center

Guess, R.M., Christiansen, J., and Christiansen, J.L. (1982). *Teaching Exceptional Students in the Regular Classroom.* Boston, MA:Little, Brown and Co.

Jones, Carroll J. (1988). *Evaluation and Educational Programming of Deaf-Blind Severely Multihandicapped Students.* Springfield, IL:Charles C. Thomas Publishing

Latem, S.M. and Nye, J.M. (1986). *Parents as Effective Partners.* LaGrange, IL:LaGrange Area Department of Special Education.

Littlejohn, W., Kleber, R., Wade, J., George, R. (1989). *Guidelines for Integration of Leaners with Severe Handicaps.* Terre Haute, IN:Blumberg Center for Interdisciplinary Studies in Special Education, Indiana State University.

Nietupski, J.A. and Hamre-Nietupski, S.M. "An Ecological Approach to Curriculum Development." In *Innovative Program Design for Individuals with Dual Sensory Impairments.* (1987). Geotz, L., Guess, D., and Stremel-Campbell, K. Baltimore, MD:Paul H. Brookes Publishing Co., Inc., pp 225-253.

Sattler, J.M. (1988). *Assessment of Children.* San Diego, CA:J.M.Sattler Publisher.

Wilcox, B. and Bellamy, G.T. (1987). *The Activities Catalog: An Alternative Curriculum for Youth and Adults with Severe Disabilities.* Baltimore, MD:Paul H. Brookes Publishing Co.

Parent-Professional Partnership

A parent-professional partnership is a relationship between parents and professionals based on mutual respect of each member's role in serving the needs of the individual.

Both parents and professionals possess invaluable information in serving the educational needs of children and youth. Parents provide love and care for their children and advocate for their needs. Parents possess critical information as to how their children perform in different settings, as well as the ability to describe their likes, dislikes, moods, and personalities. Parents can provide information as to the family's values and goals as well as plans they have for their children. Professionals possess expertise in educational strategies, curriculum development, and instructional techniques. Professionals provide their students with a positive learning experience so that they acquire a wide range of information, knowledge, and skills. The parent-professional partnership is based on mutual trust, respect, and cooperation directed toward the individualized needs of their child/student.

The development of this partnership requires time and effort. The LaGrange Area Department of Special Education in LaGrange, Illinois has established a successful training program designed to strengthen the parent/school relationship in special education.

> "*Parents as Effective Partners* is based on the central premise that cooperation is the foundation on which parent-to-school relationships should be based. Just as parents need the expertise and experience that school personnel can provide, schools need the expertise and experience that only parents can provide. That expertise is based on living with their child 24 hours a day, watching her grow and develop over a period of years, seeing her behavior in a variety of settings, and having a commitment to the child based on love which will endure long after her multidisciplinary team is out of the picture.
>
> In order for parents to be true partners in special education, they must be recognized as co-equal in importance with the professional team members. It is not enough for parents to be present at team meetings. As full participants in the special education process, their contributions to the discussion must be carefully considered and must be allowed to **influence** the outcome of the meeting. Parents who are informed, who are committed to working cooperatively with the schools are not only helping themselves and their children; they are strengthening schools and special education programs (Latem and Nye, 1986)." ❑

Reference: Latem, S.M. and Nye, J.M. (1986)

Do You Know Anyone . . .

. . . Who would benefit from receiving this newsletter?

If so please complete this coupon and return it to:

Indiana Deaf-Blind Project
Blumberg Center
School of Education, Room 502
Indiana State University
Terre Haute, IN 47809
(812) 237-2830

Name _____
Street _____
City _____
State _____ Zip _____

Upcoming Events . . .

Write them down!

September 21-22, 1990:	29th Annual Governor's Conference for Persons with Disabilities, Indianapolis, IN
September 27-28, 1990:	ICASE Conference, Indianapolis, IN
October 3-4, 1990:	The Indiana Chapter of the Association for Persons with Severe Handicaps (IN-TASH) 2nd Annual Conference, The Waterfront Plaza Hotel, Indianapolis, IN
October 20-24, 1990:	The International Early Childhood Conference on Children with Special Needs, Albuquerque Convention Center, Albuquerque, New Mexico
November 8-10, 1990:	National ARC Conference, Tampa, FL
December 6-8, 1990:	National TASH Conference, Chicago, IL
January 18-19, 1991:	The Indiana 5th All State Peer Tutor Conference, Bloomington, IN

For More Information Contact:

Indiana Deaf-Blind Project
Blumberg Center
School of Education, Room 502
Indiana State University
Terre Haute, IN 47809
(812) 237-2830

Indiana Deaf-Blind Project Information Updates

Vol. 1, No. 7

This publication is made available by the Indiana Deaf-Blind Project, through the Blumberg Center for Interdisciplinary Studies in Special Education, located at Indiana State University, with support from the U.S. Department of Education, Office of Special Education Programs under cooperative agreement #H025A9003 and the Indiana Department of Education, Division of Special Education Grant #47-86-1. The views expressed in this newsletter do not necessarily reflect the opinions of either the U.S. Department of Education or the Indiana Department of Education and no official endorsement should be inferred.

INDIANA DEAF-BLIND PROJECT STAFF

Karen S. Goehl
Project Director/Associate Editor

Larry Gordon
Associate Editor

Lisa Edwards
Administrative Secretary

Lori Horn/Mike Murillo
Student Workers

Dr. William R. Littlejohn
Director of the Blumberg Center and Consulting Editor

Indiana State University

The Indiana Deaf Blind Project
BLUMBERG CENTER for Interdisciplinary Studies in Special Education
School of Education 502
Terre Haute, IN 47809
(812) 237-2830
5-46371

Non-Profit Organization U.S. Postage PAID Permit No. 48 Terre Haute, IN

BEST COPY AVAILABLE

Indiana Deaf Blind Project

Information Updates

Serving the Needs of Individuals with Dual Sensory Impairments

Volume 2, No. 2 November/December 1990

Family Support

Families are the primary providers of care and support to the members of its group. Family members live and work together as a unit. They watch out for one anothers' needs and interests. Mutually, they live and work together to provide the necessities of life, such as food, clothing, shelter, emotional support, and care. Family members serve as advocates for one another. In times of stress, family members can support one another and assist with coping skills so as to promote positive and productive solutions and outcomes.

Family members play a vital role as caregivers for one another. It would be very difficult, if not impossible, for individuals to go through life without the influence, help, and support of others.

Family support is especially critical in families with individuals experiencing dual sensory impairments and other severe disabilities. Just take a moment to imagine the normal daily activities we perform in caring for and assisting with the needs of individuals with severe disabilities. Our duties, chores, and responsibilities appear monumental and endless. Yet, most of us perform them in a matter of fact fashion, as a part of everyday life. It is estimated that families provide basic daily assistance to approximately four million disabled, chronically ill, and elderly individuals in the United States. Moroney (1983) estimates there are 165,000 households in the U.S. in which relatives care for children, under age 14, with severe diabilities. Imagine further, what would happen if this daily help by family members was turned over to paid caregivers. The labor supply needs as well as the costs would be monumental. The impact on our society and its social policies would be immense. In all likelihood, our country and its health and education systems could not withstand the responsibilty and burden. For this very reason Moroney (1983) in *Families, Care of the Handicapped, and Public Policy* stated that caregiving families are "a precious natural resource."

If our families are "a precious natural resource", why are they not given the recognition, respect, and support they so rightfully deserve? Why are families and support to families not given priority status? Why do we neglect our familes and the support they deserve just as we do our natural environmental resources? We need to take a closer look at "our families as invaluable resources" and treat them with the dignity and respect they deserve. Public

"The value of a parent support group to me is the sharing of everyday practical information . . . The emotional support comes from the sharing of this kind of information and the knowledge that other parents are experiencing similar problems and also looking for possible solutions."

Donna Olsen, President
Indiana Parent Information Network

(Continued on Page 2)

Parent Support Groups

Parent Support Groups consist of a group of people with a common concern or problem who meet for mutual support. Support groups create an atmosphere of trust, caring, and mutual aid. They offer an opportunity to share feelings and experiences. Participants are listened to and understood. Members know they are not alone in dealing with their problems. They are supported and encouraged to develop and utilize personal values and act on behaviors more fully and effectively.

Participation and involvement in a parent support group is a beneficial experience. Parents with similar experiences can find a special kind of support from parents not found elsewhere. Support group members report that participation in self-help groups provides a positive response to problems and situations which might otherwise be considered stressful and overwhelming.

Parent support groups are quite diverse and multidimensional. The support groups acquire different purposes and functions depending on the members needs and the groups' objectives. Some groups are designed to disseminate information on specific topic areas, such as education, training, and the sharing of resources. Other groups are supportive in nature, fostering relationships and providing mutual

(Continued on Page 2)

(Family Support - Continued)

policy in support of family caregiving is just in its infancy stage. We recognize its need and importance and have made some initial attempts in establishing family support programs but they are far from being firmly established in our state and federal policies, "As of 1985, twenty-seven states reported establishing some form of a family support program... some states are in the process of revising their family service systems, while others are testing pilot projects and still others are limiting family services" (Singer and Irvin , 1989). Lobbying at the federal, state, and local levels are essential to bring about necessary policy changes. Even though services have been created for family support in the 1980's in a majority of states, the expenditures are minimal in response to the need and the importance of this issue.

We need to strengthen our views as to the importance of the family and the role it plays. Family caregiving must not be taken for granted. Families provide an invaluable service which cannot be met by any other sector of society. Families must realize their monumental importance. Family caregiving provides a wide range of activities, behaviors, and support that enable an individual with a severe disability to live as normal a life style as possible. Families need to be aware of the benefits they provide. In this way they can empower and support themselves. ❑

The Staff of Information Updates, and the Blumberg Center, want to take this opportunity to extend our best wishes to all of our readers for a Happy Holiday Season

(Parent Support Groups-Continued)

support in a non-judgmental manner. Donna Olsen, President of the Indiana Parent Information Network believes that parent support groups put an emphasis on sharing information and problem solving. Donna feels that "the emotional support comes from the sharing of information." Still other groups may wish to become strong advocates for their children. These groups may serve as catalysts to empower parents to become effective advocates for their children as well as heightening societal awareness. Some groups are highly structured, while others let members be flexible and select activities. Some groups are facilitated by parents, whereas others use professionals. Meetings may be in home settings or public facilities such as schools, churches, libraries, hospitals and other agencies. In essence, support groups can and should be as varied as the individuals that comprise them. However, all groups will have the common goal of supporting one another to become more effective advocates for themselves and their children. ❑

References

Dunst, C. (1989). Enabling and Empowering Families: Principles and Guidelines for Practice. Cambridge, MA:Brookline Books, Inc.

Donner, R. & Fine, G.Z. (1987). A Guide for Developing Self-Help/Advocacy Groups for Parents of Children with Serious Emotional Problems. Washington, DC: CASSP Technical Assistance Center, Georgetown University Child Development Center.

Indiana Directory: Parent Information and Support Groups. (1990). Indianapolis, IN:The Indiana Parent Information Network, Inc.

Moroney, R.M. (1983). Families, Care of the Handicapped, and Public Policy. In R. Perlman (ed.), Family Home Care. New York:Hayworth Press.

Pahl, G. & Quine, L. (1987). Families with Mentally Handicapped Children. In J. Orford (Ed.), Treating the Disorder, Treating the Family. Baltimore, MD:John Hopkins University Press

Singer, G. & Irvin, L. (1989). Support for Caregiving Families. Baltimore, MD:Paul H. Brookes Publishing Co.

The Need for a Comprehensive Support Network

A comprehensive support network includes parents and professionals working together to serve the needs of families and individuals with disabilities. Some benefits for each include:

For Parents:

- ❑ To help themselves, help others, and receive help;
- ❑ To share experiences in a nonjudgmental atmosphere of trust and acceptance;
- ❑ To provide role models for effective coping strategies;
- ❑ To encourage a strong self-image and the determination to deal with the common problems of the group;
- ❑ To become effective advocates for their children;
- ❑ To develop a collaborative relationship with professionals in the community;
- ❑ To educate the public on the needs and problems of children with dual sensory impairments*; and
- ❑ To work together as allies with professionals to effect changes related to treatment issues, services, policies, and systems.

*Changed from "emotional problems" to "dual sensory impairments"

For the Professionals:

- ❑ To be available as a valuable resource for parents;
- ❑ To develop a collaborative relationship with parents in the community;
- ❑ To obtain feedback regarding the services provided;
- ❑ To work together as allies with parents to effect changes related to treatment issues, services, policies, and systems;
- ❑ To have an opportunity to learn from parents what they want and feel they need; and
- ❑ To relieve them from the pressures of believing that they have to have all the answers. ❑

Resource: Donner, R. and Fine, G.Z. (1987)

BEST COPY AVAILABLE

PARENT SUPPORT WEEKEND

"Families getting together...Meeting families with similar situations...Other parents knowing that there is someone out there who understands and that you're not alone...How others cope with their situation...We can make it with the support of other people...The laws that are out there for us...The legal rights we have as parents...The problems you feel about the system...Education...How to work together...The resources...Making the switches...Toys that are good for special children..."

These were just a few of the comments made by the parents who participated in the First Annual Parent Support Weekend sponsored by the Indiana Deaf-Blind Project the weekend of Sept. 28, 29, and 30, 1990. Activities were held at the Holiday Inn, Terre Haute, Indiana.

Seven families with young children, under age 5, experiencing dual sensory impairments were invited to attend the Parent Support Weekend. By the time brothers, sisters, and even some grandparents arrived, the group totalled thirty. Families were provided the opportunity to meet each other, share experiences, and learn new information about educational planning and community resources.

On Saturday, the parents attended a variety of workshops. Sally Roberts from the University of Kansas led sessions on educational planning. Sally focused on parents' rights under P.L. 94-142 and P.L. 99-457 as related to assessment issues and the development of individualized education plans.

"I thought it was great. It really helped me out a lot to meet the other parents and to know that I'm not the only one out there . . ."

Doris Williams, a professor of special education, at Indiana State University, demonstrated a variety of materials, prepared by one of her special education classes. The materials, toys and activities were specifically designed for young children experiencing sensory impairments.

Another Saturday workshop featured "Make-it, Take-it," materials. Teacher, Elise Klink, and Occupational Therapist, Chris Paulik, discussed enhancing play and communication through the use of physical positioning techniques. Each parent also had the opportunity to make a switch device and adapt a battery operated toy for their child. The workshop session ended with the parents and children trying out their new skills.

All of the children enjoyed a variety of leisure activities. Appropriate activities were planned for each child by individual Family Support Workers. Field trips to the park, museum and minature golf course were a part of Saturday's activities. "Sweatshirt painting" was a favorite activity, as was swimming in the hotel pool and playing video games. The pictures in this issue were taken throughout the weekend.

The Parent Support Weekend came to a close on Sunday with a videotape ("A New Way of Thinking") presenting a number of families, each discussing important issues related to their son or daughter with a disability. Following the video, Sally Roberts led a discussion on mutually shared personal issues, resources, and networking. Following a sing-along, all participants shared their appreciation for a weekend of support and made plans to stay in touch. ❑

BEST COPY AVAILABLE

"She Definitely Made A Difference"

Having a child with dual sensory impairments not only has an impact on us and our families, but also on others around us. This story was related to me by a parent who attended the Parent Support Weekend.

"On Friday night we were at the whirlpool . . . An elderly couple, their daughter, and granddaughter were admiring Mida (age 3), but yet they could tell she was disabled. They came over and Mida was asleep. They kept asking us questions about Mida. Before the conversation was through, they knew everything about Mida's history. We said good-bye and went to our rooms. However, they decided to go out and buy Mida an outfit. The next day during our sessions, they would check on Mida, who was with the respite workers. On Sunday when it was time to leave, they said good-bye and cried."

Comments About the Parent Support Weekend

"We thought it was wonderful. We really had a good time. . . We felt comfortable with everybody. It was nice to see that other people have the same problems - similar family situations. . . It's really made us feel we have something to fight for. . . Making the toy was wonderful . . . I have been sharing the information I learned with others."

Indiana Directory: Parent Information and Support Groups

The Indiana Parent Information Network, Inc. publishes a directory identifying parent organizations in Indiana. Currently the list includes 150 Indiana and regional parent groups. The parent groups are listed alphabetically according to special needs or disabilities. Parent organizations, not specific to a particular disability group, are listed under a separate category. Parent groups are also listed according to certain agencies, hospitals, schools, etc. The list is continually growing and changing. It is not considered to be comprehensive and no attempt has been made to evaluate the groups and organizations. Inclusion of a group does not constitute a particular endorsement by the Indiana Department of Education, The Indiana Parent Information Network, Inc. or the Institute for the Study of Developmental Disabilities.

Resources in Indiana Providing General Information and Support to Families of Individuals with Developmental Disabilities

ARC of Indiana
John Dickerson, Executive Director
110 E. Washington St., 9th Floor
Indianapolis, IN 46204
(317) 632-4387

Governor's Planning Council for People with Disabilities
Suellen Jackson-Boner, Exec. Dir.
Harrison Bldg., Suite 404
143 W. Market Street
Indianapolis, IN 46204
(317) 232-7779 VOICE/TDD

Indiana Dept. of Mental Health
First Steps (Early Intervention Project)
Doree Bedwell, Director
117 E. Washington St.
Indianapolis, IN 46204-3647
(317) 232-2291
8-800-441-STEP

Indiana Dept. of Public Welfare
141 S. Meridian St.
Indianapolis, IN 46226
(317) 232-4956

(Resources - Continued)

Indiana Protection and Advocacy Svcs.
Mary Lou Haines, Director
850 N. Meridian St., Suite 2-C
Indianapolis, IN 46204
(317) 232-1150
1-800-622-4845

ISDD
Indiana University
Susan Shuster, Director
Early Childhood Program
2853 E. 10th St.
Bloomington, IN 47405
(812) 855-6508

James Whitcomb Riley Hospital for Children
Barbara Weidenbener, Resource/Referral
Riley Child Development Center
702 Barnhill Drive
Indianapolis, IN 46202-5225
(317) 274-8167

SUPPORT PROGRAMS

The Indiana Parent Information Network, Inc. provides information to parents and professionals about the resources and services that are available to children with special needs and their families. (317) 258-8683.

The **Parents as Partners Project** assists parents with information and skills to ensure effective parent participation on community early intervention planning committees and councils. This project provides parents and councils with information regarding Public Law 99-457, First Steps Early Intervention System, Parent Leadership Skills, Communication, Goal Setting and Problem Solving. (317) 258-8683.

Families Uniting is a statewide coalition of families who are interested in support services for family members with disabilities The coalition was developed from the Governor's Planning Council for Persons with Disabilities and the National Office of United Cerebral Palsy. Bo & Paula Ingle, Chairpersons. (317) 996-2616.

Coping with Stress

Stress is the body's reaction to demands placed on it. The response to stress can be physical and emotional. Stress is a natural part of life. Positive stress motivates us to make decisions, act, or respond to a crisis situation. Negative stress can cause tension, pressure, or overwhelm us.

When we think of stressors, we usually imagine events such as death, divorce, an accident or injury, or severe financial loss. However, research has indicated that oftentimes, the accumulation of ongoing daily hassles may have more of a negative effect on an individual or family than the major life events.

Families also experience stress. Each individual and each family unit responds to stress in varying degrees depending on their coping strategies and resources. Many families caring for an individual with severe disabilities often face more stresses and a lack of resources to cope with life's demands. The family caregiver is often confronted with attending to and assisting with the daily life chores of an individual with severe disabilities such as dressing, feeding, toileting, lifting and transporting as well as a host of socializing activities. Some research has suggested that as the amount of daily care increases, the stress levels may also increase (Pahl and Quine, 1987). It was also reported that parents of children with severe disabilities had unusually high rates of distress. This result appears logical given the fact that parents of children with severe disabilities are often confronted with more demands. However, it is important to note that we are talking in general terms and that all people do not react to stressors in a uniform fashion. What is stressful to some, may not affect others at all. In order to account for an individual's or family's reaction to stress, we must look at numerous factors including: 1) the stressors; 2) appraisal of the stressors; 3) the individual or family resources; and, 4) the individual's or family's use of coping skills and strategies. Given these factors, an individual or family would respond by coping and adapting or experiencing dysfunction and a crisis. ❑

IN-Source: Indiana Resource Center for Families with Special Needs

IN-Source, formally known as the Task Force on Education for the Handicapped provides information, training, and support to individuals with disabilities and their families. IN-Source operates five major grants:

- ❑ The Indiana Parent Training Program
- ❑ The Educational Surrogate Parent Program of Indiana
- ❑ The Infant and Toddler Project
- ❑ Direction Services
- ❑ Indiana Special Education Mediation Services

IN-Source
833 Northside Blvd.
Building #1 - Rear
South Bend, IN 46617
(800) 332-4433

Do You Know Anyone . . .

. . . Who would benefit from receiving this newsletter?

If so please complete this coupon and return it to:

Indiana Deaf-Blind Project
Blumberg Center
School of Education, Room 502
Indiana State University
Terre Haute, IN 47809
(812) 237-2830

Name _____
Street _____
City _____
State _____ Zip _____

Upcoming Events . . .

Write them down!

November 26-27, 1990:	Art, Music, and P.E. Programming for Preschool Children with Handicaps, Holiday Inn-Airport, Indianapolis, IN
November 27, 1990:	Parent/Professional Regional Conference, Indianapolis, IN
December 6-7, 1990:	Ninth Annual Governor's Conference on Mental Health, Radisson Plaza Hotel, Indianapolis, IN
December 6-8, 1990:	National TASH Conference, Chicago, IL
January 18-19, 1991:	The Indiana 5th All State Peer Tutor Conference, Bloomington, IN

For More Information Contact:

Indiana Deaf-Blind Project
Blumberg Center
School of Education, Room 502
Indiana State University
Terre Haute, IN 47809
(812) 237-2830

Indiana Deaf-Blind Project Information Updates
Vol. 2, No. 2

This publication is made available by the Indiana Deaf-Blind Project, through the Blumberg Center for Interdisciplinary Studies in Special Education, located at Indiana State University, with support from the U.S. Department of Education, Office of Special Education Programs under cooperative agreement #H025A9003 and the Indiana Department of Education, Division of Special Education Grant #47-86-1. The views expressed in this newsletter do not necessarily reflect the opinions of either the U.S. Department of Education or the Indiana Department of Education and no official endorsement should be inferred.

INDIANA DEAF-BLIND PROJECT STAFF

Karen S. Goehl
Project Director/Associate Editor

Larry Gordon
Associate Editor

Lisa Edwards
Administrative Secretary

Lori Horn
Student Worker

Dr. William R. Littlejohn
Director of the Blumberg Center and
Consulting Editor

Indiana State University

The Indiana Deaf Blind Project
BLUMBERG CENTER for Interdisciplinary
Studies in Special Education
School of Education 502
Terre Haute, IN 47809
(812) 237-2830
5-46447

Non-Profit
Organization
U.S. Postage
PAID
Permit No. 48
Terre Haute, IN

Indiana Deaf Blind Project

Information Updates Survey

ear "Information Updates" Reader:

the past year we have published eight issues of "Information Updates". We believe that each issue provides the ader with state-of-the-art information in the area of dual sensory impairments. We have exciting plans for the coming year.

ach month we visit your homes, schools and places of business with a newsletter. However, we rarely hear from ou and we would like to hear your opinions. Please take a few minutes to complete this survey and return it by 'ovember 30, 1990. Your participation in completing the enclosed survey will help improve the newsletter and ssist us in better serving your informational needs.

f you have any questions, please contact us at: (812)237-2830.

Karen Goehl	Larry Gordon	Lisa Edwards
Project Director	Associate Editor	Administrative Secretary

"Information Updates" Survey
Indiana Deaf-Blind Project

Part A: Readership Survey

Please circle the letter preceeding your choice.

1. How much of each issue of "Information Updates" do you read?
   - A - 100 percent 36.6%
   - B - 75 percent 42.6%
   - C - 50 percent 14.8%
   - D - 25 percent 6.0%
   - E - None

2. If you read 25 percent or less, why?
   - A - Not interested in content 50.0%
   - B - Too little time 33.3%
   - C - Get the same information from other sources 17.7%
   - D - Other (please specify) _____

3. What do you think about the length of "Information Updates"?
   - A - Should be longer 1.0%
   - B - Should be shorter 2.0%
   - C - Present length is fine. 97.0%

What do you think about the length of the articles?

A - Should be longer 0.9%
B - Should be shorter 4.8%
C - Present length is fine 94.3%

How would you rate the level of difficulty or complexity of the articles?

A - Too complex, too difficult 4.2%
B - Too simple, too easy
C - Appropriate, just right 95.8%
D - Too varied

Where do you receive your copy of "Information Updates"?

A - Home 11.5%
B - School/University 24.0%
C - Community agency 37.5%
D - Business 22.1%
E - Other (please specify) 4.9%

7. In addition to yourself, how many people read each issue?

A - 0	B - 1	C - 2	D - 3 or more
29.4%	19.6%	17.6%	33.4%

8. Do you save copies of "Information Updates" for future reference?

A - Yes	B - No
77.2%	22.8%

How often would you like to receive "Information Updates"?

A - More often	B - Same frequency	C - Less often
15.0%	79.0%	6.0%

10. Please rate "Information Updates" newsletter on each of the following characteristics. Circle the number under the category that best fits your response.

	Excellent	Good	Fair	Poor	No Opinion	Mean N=100
Usefulness of information	5	4	3	2	1	4.16
Timeliness of information	5	4	3	2	1	3.97
Visual appeal of newsletter	5	4	3	2	1	4.25
Overall quality of newsletter	5	4	3	2	1	4.28

11. Please rate the following types of articles in terms of your degree of interest:

	High Interest	Medium Interest	Low Interest	No Interest	
Topical Areas on Deaf-Blind	4	3	2	1	3.45
Resource Materials	4	3	2	1	3.65
Upcoming Events Calender	4	3	2	1	3.15
Community Resources - Local/State	4	3	2	1	3.61
Personal Interest Articles	4	3	2	1	3.13

What topics would you like to see covered in future issues of "Information Updates"?

SEE ATTACHED SHEETS

Do you have any additional comments about the newsletter to help us improve it?

SEE ATTACHED SHEETS

How do you plan to use the information from "Information Updates"?
Please cover all that apply.

A - General Information	82.9%
B - Awareness	69.4%
C - Training	46.8%
D - Self-Enhancement	45.0%
E - Employment	12.6%
F - Lobbying	5.4%
G- Other	7.2%

art B: General

5. How did you find out about the Indiana Deaf-Blind Project?

A - Parents	2.7%
B - Teacher	3.6%
C - Government Service Agency	22.5%
D - Community Agency	18.0%
E - Educational Facility	22.5%
F - Newsletters/Publications	22.5%
G - Other	20.7%

16. How often have you contacted the Indiana Deaf-Blind Project for information, materials, or assistance in the past year?

A - 0 times	44.6%
B - 1 time	14.9%
C - 2 times	22.8%
D - 3 times	5.9%
E - 4 times	3.0%
F - 5 or more times	8.8%

17. Are you or your agency responsible for identifying and registering individuals with dual sensory impairments through the annual child count?

A - Yes	B - No
57.1%	42.9%

18. Have you attended any training activities sponsored by the Indiana Deaf-Blind Project?

A - Yes	B - No
40.0%	60.0%

9. Have you or your agency received any technical assistance from the Indiana Deaf-Blind Project?

A - Yes	B - No
48.0%	51.1%

10. Would you or your agency be interested in receiving information and assistance from the Indiana Deaf-Blind Project - Indiana Technology-Related Assistance for Individuals with Disabilities Component related to dual sensory impairments, producing technology related assistanceto individuals with dual sensory impairments?

A - Yes	B - No
78.2%	21.8%

11. Have you or your agency received information or assistance from the Indiana Deaf-Blind Project concerning parent networking?

A - Yes	B - No
27.6%	72.4%

22. How clear is your understanding of the activities of the Indiana Deaf-Blind Project?

A - Excellent	17.3%
B - Good	40.8%
C - Fair	35.7%
D - Poor	6.2%

rt C: Demographics (Optional)

24. Please indicate your age, sex and education.

A - Younger than 21	A - Male	A - Some high school
B - 21 - 30	B - Female	B - High School Graduate
C - 31 - 40		C - Some college or technical training
D - 41 - 50		D - College graduate
E - 51 - 60		E - Advanced degree (M.A.,Ph.D.,M.D.)
F - Older than 60		

25. Please circle all that apply.

A - Person with a disability	G - Public official
B - Family member of person with disability	H - Service provider
C - Advocate for people with disabilities	I - State agency employee
D - Business representative	J - Media
E - Education professional	K - Other
F - Health professional	

.hank you for your time. We appreciate your comments and welcome your suggestions.

What topics would you like to see covered in future issues of "Information Updates"?

1. **Functional activities, communication, community activities. You have covered these but more is better if it is information.**
2. **Best practice information.**
3. **Materials that may be used at the elementary level.**
4. **Developing grant proposals for submission to state agencies.**
5. **Vocational rehabilitation services, employment opportunities, updates on special equipment for the dual sensory impaired, information in educational strategies.**
6. **Additional teaching techniques.**
7. **More information on adaptive equipment and program options.**
8. **Programming for deaf/blind individuals who are severe and profoundly retarded.**
9. **Information on 0-3 year olds.**
10. **Specific examples of assistance provided to an individual family. Review of new book - other resources.**
11. **Current resource materials continued curriculum/adaptations.**
12. **Inovations in programs, training, adaptive equipment funding issues related to equipment purchase, training, employment**
13. **Success stories.**
15. A complete list of information numbers.
16. Visionary futuristic planning.
17. Services available in communities for individuals and families, special programs.
18. Deaf-Blind people who are also developmentally disabled.
19. As a parent, I'd like to see more personal interest articles.
20. Activities to use with the deaf/blind individual in a group setting of more "typical individuals".

21. Cover a specific area of learning at a time and some materials that could be utilized and informal evaluations that could be used for specific areas.

22. Greater emphasis on incorporation in typical aspects of life with in nonhandicapped community.

23. Current research reviewed and new programs reviewed.

24. Continued updates about federal and state regulations and resource materials.

25. Teaching special students - best practices.

26. Articles on causes of deaf/blindness new programming opportunities for deaf/blind projects on employment or transition.

27. I would like to see more on age-appropriate materials and helping other teachers and parents understand how to use the information you provide - hints on parent education.

28. Perhaps highlights of districts (local programs) so directors, etc. may better know who is doing what.

29. The use of sign language and braille.

30. On hands activities to stimulate classroom students.

31. Locations and information on best practices.

32. Information from the technology grant.

Do you have any additional comments about the newsletter to help us improve it?

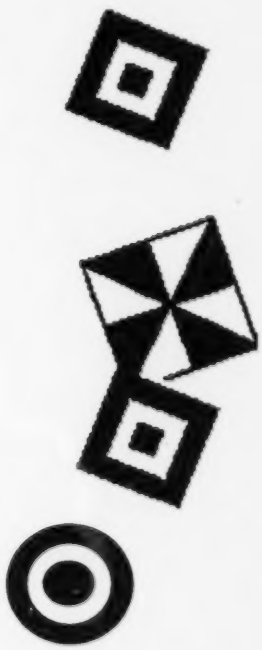
1. I use and reference 'IU' more than any other publication. It is practical and easily understood.
2. Your doing fine.
3. Doing good - as is.
4. Because this is my 1st newsletter, I have no idea how typical this one is.
5. Need to quarterly or every 2 months.
6. Newsletter copied for staff and families have been used in inservices.
7. Thanks for the information.
8. Although the information is directed toward a very limited population base, your articles are very well written and sometimes have more general applicability. Your issue on functional curriculum was excellent and was put to good use by our staff at DSI.
9. Emphasize resources - the more we have the more likely we'll have some we could actually use.
10. You're doing an excellent job! Keep up the good work.
11. I think you are publishing an excellent newsletter and expect any changes you determine to make will be positive. Congratulations on a job well done.
12. I think it is very informative and helpful. It has come in handy for many training sessions - thank you!!
13. No - keep up the good work.
14. The focus seems to be predominantly on low-functioning students. More information is needed on higher functioning children.
15. Doing a great job!!
16. Your design and overall concept is great.

INDEPENDENCE THROUGH TECHNOLOGY: for Individuals with Dual Sensory Impairments and Other Disabilities

Now Available!!!

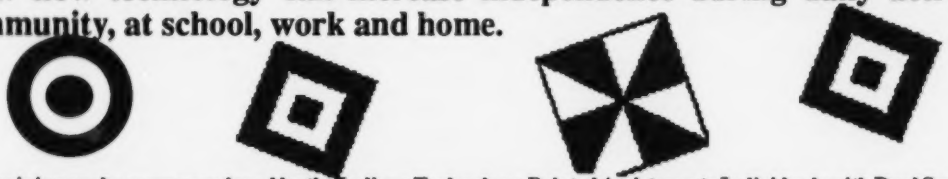
This comprehensive training package was developed to provide consumers, family members, professionals and service providers with concrete, "hands-on" information about assistive technology and assistive technology services.

The training module covers six sections which can be presented as a two day workshop or each section may be presented individually to meet training needs. Sections include learner objectives, overheads, handouts, presentation tips for the trainer, small group activities, background information along with referenced and suggested readings for additional information. The following sections are covered in the training module:



- ❑ General Information-Overview
- ❑ Training Instructions
- ❑ Section One - Dual Sensory Impairments: An Overview
- ❑ Section Two - Assistive Technology: An Overview
- ❑ Section Three - Descriptions and Examples of Adaptations
- ❑ Section Four - Evaluation and Selection of Assistive Technology
- ❑ Section Five - Funding
- ❑ Section Six - Growing with Change

The training package also includes a videotape titled, "Finding Independence Through Technology". In this videotape, real people—children and adults with dual sensory impairments and other disabilities, family members and professionals—show how technology can increase independence during daily activities in the community, at school, work and home.



This training package was produced by the Indiana Technology-Related Assistance to Individuals with Dual Sensory Impairments (ITRAID) Project, in cooperation with the Accessing Technology through Awareness in Indiana (ATTAIN) Project. Funding was provided by the U.S. Department of Education, Office of Special Education and Rehabilitation Services and the National Institute on Disabilities and Rehabilitation Research. This material does not necessarily reflect the positions or policies of the above funding agents, and no official endorsement should be inferred.

Name (Please Print) _____
Organization _____
Address _____
City/State/Zip _____
Daytime Phone _____

I would like to order:

Quantity		Price	Amount
____	**INDEPENDENCE THROUGH TECHNOLOGY TRAINING PACKAGE (module and videotape) (1991) Meadows, J.E.**	**115.00**	_____
____	**INDEPENDENCE THROUGH TECHNOLOGY Training Module Only (1991) Meadows, J.E.**	**90.00**	_____
____	**"Finding Independence Through Technology" Videotape Only (1991) Bailey, B., Goehl, K.S., & Meadows, J.E.**	**27.50**	_____
		Total enclosed	_____

Above prices include shipping and handling. Sorry, no purchase orders accepted. Check, made payable to Indiana State University, must accompany order. Please allow 4-6 weeks for delivery.

Send order form to: Jennifer Meadows, School of Education 502, Indiana State University, Terre Haute, IN 47809 Phone: 812/237/4380

APPENDIX A

Information Packet for December 1, Federal Census Child Count
Indiana Definition of Dual Sensory Impairment

Indiana State University

BLUMBERG CENTER for Interdisciplinary Studies
in Special Education

TO: Directors of Special Education/Community Agencies

FROM: Karen S. Goehl, Director
Indiana Deaf-Blind Project

DATE: November 15, 1990

RE: Deaf-Blind Federal Registry-December 1 Child Count

The Indiana Deaf-Blind Project is entering its fourth year of collecting data regarding the number of Indiana students (birth through 21 years) with dual sensory impairments. As you know, a registry of these students is a federal requirement for each state. In Indiana, this registry process has been included in the annual December 1 child count activities.

Attached to this memorandum are the necessary forms you will need to complete this task. They include: 1) Deaf-Blind Registry Fact Sheet; 2) DOE-SE-DB-6 summary sheet of students previously reported with individual profile sheets for each; and, 3) Survey forms to report new students.

DIRECTIONS for completing the registry forms are as follows:

1. VERIFY STUDENTS EXCEPTIONALITY AREA. If you report a student as deaf-blind under 94-142 or 89.313 for your state DOE count, that student should be reported as deaf-blind on the DOE-SE-DB-6 summary page under Program Area Placement. If you report a student with dual sensory impairments in another category under 94-142 or 89.313 for your state count, it is important that our registry reflects this same information.

2. PROFILE SHEET(S) CORRECTIONS. If your school/agency has reported students in previous years, a data sheet is attached. Please check accuracy of information and make any necessary changes. We are particularly interested if students have moved or transferred to other programs and would appreciate your providing corrected information. Sign and date the profile sheet.

3. NO STUDENTS TO REPORT. If you previously have not had any students to report, a blank DOE-SE-DB-6 summary page is enclosed. In order to confirm your "no student status", please sign and return this page with your December 1 child count materials.

4. NEW STUDENTS. Use the enclosed survey forms to report any new students to the project. The enclosed Deaf-Blind Registry Fact Sheet includes the definition of students with dual sensory impairments for your use. The Fact Sheet also provides the latest FERPA Regulations regarding confidentiality and release of personal information for educational purposes.

School of Education 502
Terre Haute, Indiana 47809
(812) 237-2830

Please return the registry materials with your December 1 child count information.

The success of Indiana's registry process has been directly related to the increase of technical assistance activities and materials dissemination from the Indiana Deaf-Blind Project. Your packet includes an opportunity to request additional resource materials from the project office. You are encouraged to return the request form with your registry materials and the requested information will be sent to you.

Thank you for your assistance with the federal registry process on behalf of students with dual sensory impairments. If you have any questions, please contact:

Ms. Karen Goehl, Director
Indiana Deaf-Blind Project
Blumberg Center
School of Education 502
Indiana State University
Terre Haute, IN 47809
(812)237-2830

/clb

DEAF-BLIND PROJECT:covletter

INDIANA D/B REGISTRY 89

CODE: TYPE: RECORD:

LAST NAME FIRST NAME:

DOB: AGE: SEX:

RESPONSIBLE AGENCY:

CONTACT PERSON:

ETIOLOGY:

ETIOLOGY NOTE:

DEGREE-VISION LOSS:

DEGREE-HEARING LOSS:

DEGREE OF LOSS NOTE:

OTHER HANDICAPS:

CHILD COUNT CATEG.: PRIMARY CATEGORY:

EDUCATIONAL PLCMNT:

LOCATION-EDUC SVCS:

PROGRAM TIME:

RELATED SERVICES:

TEACHER NAME:

TEACHER CREDENTIALS:

RESIDENCE LOCATION:

RESIDENTIAL NOTE:

PEER INTERACTION:

INTERACTION NOTE:

COMMENTS:

SIGNATURE: DATE:

FORM: DOE-SE-DB-6
10/88

INDIANA DEPARTMENT OF EDUCATION
DIVISION OF SPECIAL EDUCATION
ROOM #229 STATE HOUSE
INDIANAPOLIS, INDIANA 46204

DEAF/BLIND STUDENTS

December 1, 1990

Corporation Name: _____

Planning District: _____

STUDENT'S NAME	AGE	TEACHER'S NAME	PROGRAM AREA PLACEMENT	94-142 (X)	89-313 (X)

Does your district provide a class(es) exclusively for deaf/blind students? _____yes _____no

DATA INFORMATION FORM FOR PERSONS WITH DUAL SENSORY IMPAIRMENTS (VISION AND HEARING)

DIRECTIONS: PLEASE COMPLETE ONE FORM FOR EACH PERSON WITH DUAL SENSORY IMPAIRMENTS.

NAME/CODE:_____

AGE:_____ **DATE OF BIRTH:**____/____/____ **SEX (M/F):**_____

RESPONSIBLE SCHOOL/AGENCY:_____

CONTACT PERSON:_____

SPECIAL EDUCATION CO-OP:_____

ETIOLOGY (Check One):

- ☐ Maternal Rubella
- ☐ Meningitis/Encephalitis
- ☐ Usher's Syndrome
- ☐ Dysfunction of the Central Nervous System
- ☐ Dysfunction of the Peripheral Nervous System
- ☐ Other_____
- ☐ Unknown

DEGREE OF LOSS

Vision (Check One):

- ☐ Partially Sighted (20/70 - 20/200)
- ☐ Legally Blind (Less than 20/200 or visual field of less than 20°)
- ☐ Light Perception Only
- ☐ Totally Blind
- ☐ Unknown (Untested and/or functions as if vision impaired)

Hearing (Check One):

- ☐ Mild (30-55 db loss)
- ☐ Moderate (56-80 db loss)
- ☐ Severe (81 + db loss)
- ☐ Unknown (Untested and/or functions as if hearing impaired)

53

AMOUNT OF TIME EACH DAY IN FORMAL EDUCATION PROGRAM? _____Hours

NAME OF TEACHER(S):_____

PRIMARY TEACHER CREDENTIALS:_____

_____

LOCATION OF SERVICES (Check One):

- ☐ Homebased
- ☐ Nursing Home
- ☐ Resource Classroom
- ☐ Regular Class & Support Systems
- ☐ Self Contained/Segregated School
- ☐ Other (Specify)_____
- ☐ Self Contained/Regular School
- ☐ Community Agency Program
- ☐ Sheltered Workshop
- ☐ Supported Employment
- ☐ State Hospital/Institution

RELATED SERVICES (Check **all** that are **regularly** used):

- ☐ Audiology
- ☐ Counseling
- ☐ Early Identification
- ☐ Medical Services
- ☐ Occupational Therapy
- ☐ Physical Therapy
- ☐ Other (Specify)_____
- ☐ Psychological Services
- ☐ Recreation Therapy
- ☐ School Health Services
- ☐ Social Work Services
- ☐ Speech Pathology

INDICATE WHAT TECHNOLOGY-RELATED DEVICES ARE USED BY THE INDIVIDUAL

(Check **all** that apply):

- ☐ Communication Boards/Books
- ☐ TTY's/TDD's
- ☐ Picture Calendars
- ☐ Tactile Schedule - concrete objects represent specific tasks
- ☐ Switches - Press Plate, Textured Press Plate, Squeeze, & Toggle Switches - to activate appliances, toys, etc.
- ☐ Walker - with wheels

DOES THE INDIVIDUAL HAVE THE OPPORTUNITY TO INTERACT WITH NON-HANDICAPPED PEERS? ☐ Yes ☐ No

If Yes, please describe the interaction, including frequency, location and number of peers involved:

_____

_____

COMMENTS:_____

_____

_____

_____

_____ _____

SIGNATURE DATE

For Service

The purpose of the **Indiana Deaf-Blind Project** is to provide assistance to service providers and parents on behalf of children and youth who are deaf-blind. Free services available through the Indiana Deaf-Blind Project include: inservice training programs, consultation, and information dissemination for both service providers and families. **Please feel free to call or write us when you are in need of these services!**

Karen Goehl
Project Director

Indiana Deaf-Blind Project
Blumberg Center for Interdisciplinary Studies
in Special Education
Indiana State University
School of Education 502
Terre Haute, IN 47809
(812) 237-2830

Typical Questions:

Q. What is the purpose of the registry?

A. Based on the number of children and youth registered, the Indiana Deaf-Blind Project receives funding to provide technical assistance to schools and agencies that provide services for students who have deaf-blindness. Technical assistance is also available for families.

Q. How can we receive the services provided by the Indiana Deaf-Blind Project?

A. By contacting the Project at the address and/or phone number listed on this brochure.

Q. My student is identified as multi-handicapped. Can he/she still be on the Deaf-Blind Registry?

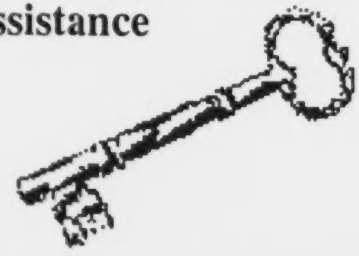
A. Yes. You should count students by putting them on all of the registries they qualify for such as: counting them as multihandicapped on the school count, counting them on the deaf-blind registry, and counting them on the APH count as a student who is blind.

Q. Can we report only once a year?

A. No. We would like updates whenever they occur. Please see section "When to File" inside this brochure.

DEAF-BLIND REGISTRY FACT SHEET

Your Key for Technical Assistance



Who Qualifies?

Children and youth from birth to 21 years of age who are deaf-blind qualify for services from the Indiana Deaf-Blind Project. Children who are deaf-blind are defined as having concomitant vision and hearing impairments. The sensory impairments can be the result of:

- ❑ pathology in the auditory/ visual system (e.g.,Rubella, Usher's Syndrome);
- ❑ central nervous system damage causing functional deaf-blindness (e.g., cortical blindness); or,
- ❑ other handicapping conditions.

We are increasing efforts to identify children who are functionally deaf-blind. Children considered functionally deaf-blind:

- ❑ are typically so severely impaired that their visual/ auditory acuity cannot be determined by using conventional measures;
- ❑ require adaptations in both auditory and visual modes of instruction; or,
- ❑ do not respond to auditory and visual stimuli in their environment.

When to File?

1. During December 1 Annual Child Count Activities, through the Indiana Department of Education, Division of Special Education;

2. Whenever a child who is deaf-blind;

- ❑ is **identified** in your school or agency;
- ❑ **moves**;
- ❑ reaches the **age of 21**; or
- ❑ needs to be **deleted** from the registry for any reason.

Indiana Deaf Blind Project

Karen S. Goehl, Director
Indiana Deaf-Blind Project
Blumberg Center for Interdisciplinary Studies
in Special Education
Indiana State University
Terre Haute, IN 47809
(812) 237-2830

Confidentiality

The Indiana Deaf-Blind Project is required under federal regulation (section 622 of the Education of Handicapped Act, as amended) to identify children and youth who are deaf-blind in Indiana.

In anticipation of your concern whether disclosure of the information requested without parental consent would violate FERPA, please be assured that the information requested is for the purposes outlined in Reg. 99.31 (ca) (6) and shall be utilized and disposed of as provided therein.

Reg. 99.31 (Prior Consent for Disclosure NOT Required) provides as follows:

(a) An educational agency or institution may disclose personally identifiable information from education records of a student without the written consent of the parent of the student or the eligible student if the disclosure is:

(6) To organizations conducting studies for, or on behalf of, educational agencies or institutions for the purpose of developing, validating, or administering predictive tests, administering student aid programs, and improving instruction,...[T]he terms (sic) "organizations" includes, but is not limited to, Federal, State, and local agencies, and independent organizations...

Indiana Deaf-Blind Project
Blumberg Center for Interdisciplinary Studies
in Special Education
School of Education, Room 502
Indiana State University
Terre Haute, IN 47809
(812) 237-2830

Serving the Needs of Individuals with Dual Sensory Impairments

Thank You for taking the time to fill-out the Deaf-Blind Registry Forms!

When we receive the completed forms we will send you some information packets. We hope the information in the packets will be helpful to you and the parents of your students!

SUBJECTS AVAILABLE

Please check your preference(s) and return with your registry packets to the Indiana Department of Education or mail to the Indiana Deaf-Blind Project:

- ☐ Accessing Adult Services
- ☐ Auditory & Visual Training
- ☐ Basic Braille
- ☐ Basic Orientation & Mobility
- ☐ Causes of Deaf-Blindness
- ☐ Characteristics of Students with Deaf-Blindness
- ☐ Community Based Instruction
- ☐ Curriculum Strategies
- ☐ Increasing Communication Skills
- ☐ Information for Families
- ☐ Nonaversive Behavior Management
- ☐ Recreation/Leisure
- ☐ Other_____

_____

_____

Please send the above information to:

Name: _____
Agency: _____
Address: _____
_____
Phone: _____

INDIANA TITLE 511, ARTICLE 7, RULES 3-16
(Revised Rule S-1)

511 IAC 7-11-3 Dual Sensory Impairment

Sec. 3. (a) A dual sensory impairment:

(1) is a concomitant hearing and visual impairment;
(2) causes severe communication and other developmental and educational problems; and,
(3) cannot be accommodated by programs or services solely for students with hearing impairments or visual impairments.

(b) Students with dual sensory impairments represent a heterogeneous group that includes the following:

(1) Those who are both deaf and blind with acuities measured or estimated with consideration of intellectual and adaptive functioning and supported by a description of pathology.
(2) Those with hearing and visual impairments of a mild to severe degree with additional learning or language disabilities that result in the need for special services and who may have been diagnosed as having a degenerative pathology or a disease which will affect visual or hearing acuity.
(3) those with severe multihandicaps due to generalized central nervous system dysfunction, who exhibit auditory and visual impairments or deficit in auditory-visual functioning, and who may demonstrate inconclusive responses during hearing and vision evaluations or inconsistent responses to auditory and visual stimuli in the environment.

APPENDIX B

Inservice Training Workshop Sample from GLARCDBE Modules

Analyzing Variables that Influence Behaviors of Students with Dual Sensory and Multiple Impairments

From:
A Series of Training Modules Developed By
Great Lakes Area Regional Center for Deaf-Blind Education
and
The Association for Persons with Severe Handicaps

Presented by:
Karen S. Goehl

March 1, 1991
Indianapolis, IN

Indiana Deaf-Blind Project
Blumberg Center for Interdisciplinary Studies in Special Education
School of Education, Room 502
Indiana State University
Terre Haute, IN 47809
(812) 237-2830

Analyzing Variables that Influence Behaviors of Students with Dual Sensory and Multiple Impairments

Karen S. Goehl, Director
Indiana Deaf-Blind Project

Friday, March 1, 1991

Objectives

Participants will be able to:

1. Describe the importance of assessing medical or physiological factors;
2. List five questions that might be asked when assessing medical or physiological factors;
3. Define an ecological analysis;
4. Generate at least five questions that might be used during an ecological analysis;
5. List three questions that might be included in an analysis of antecedent events or stimuli;
6. List three questions that might be included in an analysis of consequent events or stimuli;
7. Describe three characteristics of a pragmatic approach to behavior;
8. Describe a mediator analysis;
9. Define motivation according to the behavioral model; and
10. Describe positive programming strategies.

Content Outline

I. Variables that Influence Behavior

A. Physiological or Medical Factors

1. Physiological or medical issues should be considered part of any comprehensive analysis of behavior, as an inappropriate behavior may be occurring as the result of any condition.
2. Educators, parents and medical personnel should work as a team to determine if there may be a physiological or medical basis for an aberrant behavior.
3. There are a variety of questions parents and educators should ask (See Overhead #11).

B. Rationale for Analyzing Variables that Influence Behavior - The behavior of any individual is affected by many environmental variables.

C. Behavioral Ecology

1. Behavioral ecology requires consideration of everything surrounding the person and the specific behavior(s).

2. An ecological analysis may give insight into the manner in which an individual with dual sensory and multiple impairments understands and reacts to his environment.

   Consider Dan:
   He is 17 years old. He is legally blind and has a moderate hearing impairment. He is in a secondary classroom for students with multiple handicaps in an integrated high school. Dan punches the sides of his head for no apparent reason. He is approaching adulthood and still needs to learn many functional skills.

3. A variety of questions can be considered when conducting an ecological analysis of Dan's self-injurious behaviors (Overhead 13).

4. Ecological interventions involve manipulation of the behavior indirectly by making changes in the environment rather than altering the behavior directly.

D. Analysis of Antecedent and Consequential Stimuli

1. Various antecedent stimuli (i.e. events or objects that precede the behavior) may set the occasion for the behavior or response to occur (Overhead 15).

2. Various consequential stimuli (i.e., events or stimuli occurring immediately after a response or behavior) support a behavior (Overhead 15).

E. Communicative Functions of Behavior (Pragmatic Analysis) (Overhead 16)

1. A pragmatic approach to behavior implies that all behavior has communicative value whether or not the communication is intentional.

2. A pragmatic approach requires consideration of behavior in context rather than as an isolated event.

3. A pragmatic approach requires that an analysis of communication function be conducted in a variety of situations across time.

4. The Motivation Assessment Scale (Durand, 1986). is designed to determine if a behavior serves one of four functions (Overhead 17).

F. Mediator Analysis - A mediator analysis addresses characteristics and interactions of service providers who work with students who have dual sensory and multiple impairments (Overhead 18).

G. Motivational Analysis

1. Motivation is a highly individualized factor. In a behavioral model, motivation is typically characterized as people responding to get reinforcement and/or to avoid or escape aversive events.

2. It is important to survey and identify potential reinforcers for an individual with dual sensory impairments.

3. When asking questions of significant individuals in the student's life it is important to know how they have determined the student's preferences.

II. Positive Programming Strategies

A. Replacing an unacceptable behavior with a new behavior

B. Substituting an alternative communication strategy for an unconventional behavior

C. Teaching more appropriate alternative behaviors

D. Assigning meaning to a behavior

E. Recognizing the role of motivation in positive programming strategies through use of:

1. choice-making
2. cause and effect
3. means-end relationships
4. time
5. closure

Suggested Readings

Carr, E. (1977). The motivation of self-injurious behavior: A review of some hypotheses. *Psychological Bulletin*, 84, 800-816.

Carr, E., & Durand, V.M. (1985). Reducing behavior problems through functional communication training. *Journal of Applied behavior analysis*, 18, 11-126.

Carr, E., Newsom, C., & Binkoff, J. (1980). Escape as a factor in the aggressive behavior of two retarded children. *Journal of Applied Behavior Analysis*, 13, 101-117.

Donnellan, A. (1984). The criterion of the least dangerous assumption. *Behavioral disorders*, 9, 141-150.

Donnellan, A., Mirenda, P., Mesaros, R., & Fassbender, L. (1984). Analyzing the communicative functions of behavior. *Journal of the Association for Persons with Severe Handicaps*, 9, 201-212.

Durand, V.M. (1982). Analysis and intervention of self-injurious behavior. *Journal of the Association for the Severely Handicapped*, 7, 44-53.

Durand, V.M. (1986). Self-injurious behavior as intentional communication. *Advances in Learning and Behavioral Disabilities*, 5, 141-155.

Durand, V.M., & Kishi, G. (1987). Reducing severe behavior problems among persons with dual sensory impairments: An evaluation of a technical assistance model. *Journal of the Association for Persons with Severe Handicaps*, 12, 2-10.

Gaylord-Ross, R., Weeks, M., & Lipner, C. (1980). An analysis of antecedent, response, and consequence events in the treatment of self-injurious behavior. *Education and Training of the Mentally Retarded*, 15, 35-42.

Schuler, A., & Goetz, L. (1981). The assessment of severe language disabilities: Communicative and cognitive considerations. *Analysis and Intervention in Developmental Disabilities*, 1, 333-346.

Willis, T., LaVigna, G., & Donnellan, A. (1989). *Behavior assessment guide*. Los Angeles: Institute for Applied Behavior Analysis.

APPENDIX C

TASH-TA (TRACES) Site Activity - South Bend Community Schools

TASH TECHNICAL ASSISTANCE PROJECT
TA REQUEST FORM

TA #: NC - 406 - IN

TA Format: Group Instruction/On-Site Consultation

Project/Program/Person: Karen Goehl

TA Content: Best Practices (ICS Model)/Communication

Goal: To provide on-site consultation to personnel from an elementary and middle school regarding implementation of the individual curriculum sequencing model to include integration of communication skills.

Consultant(s): Sally Roberts - Ellin Siegel-Causey

Focus of TA/Unit of Analysis: Program Component Change

	AGE/N					Recipients	N	LEVELS			
	I/P	E	JH	HS	A			I	II	III	IV
D/B		7	3	1		Staff and students in classrooms for students with dual sensory and other multiple impairments.	20	3	1	2	1
Severe			3								
Other											
Indirect											

TA OBJECTIVES	TA ACTIVITIES	TIMELINES	EVALUATION PLAN
1. The consultants will provide: a. advanced training on the application of the ICS model; b. awareness training on the assessment and intervention of nonsymbolic communication skills; and, c. the integration of communication skills within the ICS model.	1-1. The consultants will meet with staff to discuss the application of the individual curriculum sequencing model, and assessment and intervention of communication skills within the context of the ICS.	November to December, 1989 Visit #1	Level I - Consumer Satisfaction A. McCallon Workshop Evaluation - Posttest Only Level II - Knowledge/Skill Acquisition - PRE/Posttest
	1-2. The consultants will provide on-site consultation to staff re. the implementation of the ICS and integration of nonsymbolic communication skills for individual students.	November to December, 1989 Visit #1	Level III - Knowledge/Skill Implementation A. ICS Model 1) Consultant Recommendation Form - PROBE/Posttest 2) IEP Analysis - PRE/Posttest B. Nonsymbolic Communication 1) Consultant Recommendation Form - PROBE/Posttest

Signature: Karen S. Goehl **Date:** 10-8-89
(Grantee/VI-C Coordinator)

TA4.31

BEST COPY AVAILABLE

TA #: NC - 106 - IX

TA OBJECTIVES	TA ACTIVITIES	TIMELINES	EVALUATION PLAN
			Level IV - Child Change A. Individual student programs - PRE/Posttest
	1-3. The consultants will provide feedback to staff re. implementation of the ICS model and integration of nonsymbolic communication skills.	March to April, 1990 Visit #2	Level III - Knowledge/Skill Implementation A. ICS Model 1) Consultant Recommendation Form - PROBE/Posttest 2) IEP Analysis - PRE/Posttest B. Nonsymbolic Communication 1) Consultant Recommendation Form - PROBE/Posttest Level IV - Child Change A. Individual Student Programs - PRE/Posttest
	1-4. The VI-C Coordinator and building administrators will report their satisfaction with overall technical assistance activities.	September, 1990 (Or Following Visit #2)	Level I - Consumer Satisfaction A. Technical Assistance Evaluation Form - Posttest Only B. Administrator Satisfaction Form - Posttest Only

TASH TECHNICAL ASSISTANCE PROJECT
TA AGREEMENT FORM

TA #: NC - 106 - IN

Project/Program/Person: Karen Goehl

Goal: To provide on-site consultation to personnel from both an elementary and middle school regarding implementation of the individual curriculum sequencing model to include the integration of communication skills

Focus of TA/Unit of Analysis: Program Component Change

TA Format: Group Instruction/On-Site Consultation

TA Content: Best Practices (ICS Model)/Communication

Consultant(s): Sally Roberts
Ellin Siegel-Causey

	AGE/N					Recipients	N	LEVELS			
	I/P	E	JH	HS	A			I	II	III	IV
D/B		7	3	1		Staff and students in classrooms for students with dual sensory and other multiple impairments.	20	3	1	2	1
Severe			3								
Other											
Indirect											

TA OBJECTIVES	TA ACTIVITIES	TIMELINES	EVALUATION PLAN
1) The consultants will provide a) advanced training on the application of the ICS Model; b) awareness training on the assessment and intervention of nonsymbolic communication skills; and the integration of communication skills within the ICS model.	1-1 The consultants will meet with staff to discuss the application of the individual curriculum-sequencing model, and assessment and intervention of communication skills within the context of the ICS.	November to December, 1989 Visit #1	**Level of Evaluation:** I. Consumer Satisfaction **Design:** POSTTEST Only **Measure(s):** McCallon Workshop Evaluation Scale **Activity:** The consultants will administer a post-test using the McCallon Workshop Evaluation Scale to determine the participants' levels of satisfaction.

78

Signature: Karen S. Goehl **Date:** 10-4-89
(Grantee/VI-C Coordinator)

79

TA #: NC - 406 - IN

TA OBJECTIVES	TA ACTIVITIES	TIMELINES	EVALUATION PLAN
	1-2. The consultants will provide on-site consultation to staff on the implementation of the ICS Model and the integration of nonsymbolic communication skills for individual students.	November to December, 1989 (Visit #1)	**Level of Evaluation:** II. Knowledge/Skill **Design:** Acquision PRE/POSTTEST **Measure(s):** Consultant-made instrument **Activity:** The consultants will conduct a pre-posttest evaluation to determine the level of knowledge of participants before and after group instruction activities.
			Level of Evaluation: III. Knowledge/Skill Implementation **Design:** ICS Model PROBE/POSTTEST **Measure(s):** Consultant Recommendation Form **Activity:** The consultant will provide recommendations to staff regarding implementation of the ICS Model and the current status of program quality.
			Level of Evaluation: III Knowledge/Skill Implementation- **Design:** ICS Model PRE/Posttest **Measure(s):** IEP Analysis **Activity:** The consultant will conduct a pre-test using the IEP Analysis for one student to determine the quality of the student's IEP.

BEST COPY AVAILABLE

TA #: MI - 106 - IN

TA OBJECTIVES	TA ACTIVITIES	TIMELINES	EVALUATION PLAN
			Level of Evaluation: III Knowledge/Skill Implementation Communication **Design:** PROBE/Posttest **Measure(s):** Consultant Recommendation Form **Activity:** The consultant will make recommendations to staff regarding the status of individual students' levels of communication and program implementation.
			Level of Evaluation: IV Child Change **Design:** PRE/Posttest **Measure(s):** Individual student programs **Activity:** The consultants will assist teachers design and implement instructional programs for a total of two target students, two instructional sequences including communication skills, one sequence per student to determine the effectiveness of instruction on student performance.
	1-3. The consultants will provide feedback to staff on the implementation of the ICS Model and integration of communication skills.	March to April, 1990 (Visit #2)	**Level of Evaluation:** Knowledge/Skill Implementation - ICS Model **Design:** PROBE/Posttest **Measure(s):** Consultant Recommendation Form **Activity:** The consultant will conduct a posttest using the Consultant Recommendation Form to determine the degree and quality of program implementation.

BEST COPY AVAILABLE

TA #: NC - 406 - IN

TA OBJECTIVES	TA ACTIVITIES	TIMELINES	EVALUATION PLAN
			Level of Evaluation: III Knowledge/Skill Implementation: **Design:** ICS Model PRE/Posttest **Measure(s):** IEP Analysis **Activity:** The consultant will conduct a posttest using the IEP Analysis to determine the degree of implementation.
			Level of Evaluation: III Knowledge/Skill Implementation: **Design:** Communication PRE/Posttest **Measure(s):** Consultant Recommendation Form **Activity:** The consultant will administer a posttest using the Consultant Recommdation Form to determine the degree and quality of program implementation.
			Level of Evaluation: IV Child Change **Design:** PRE/Posttest **Measure(s):** Individual Student Programs **Activity:** The consultants will conduct a posttest by evaluating the instructional sequences for two target students to determine the effectiveness of program implementation on student performance.

BEST COPY AVAILABLE

TA #: NC - 106 - IN

TA OBJECTIVES	TA ACTIVITIES	TIMELINES	EVALUATION PLAN
	I-1. The VI-C Coordinator and building administrators will report their levels of satisfaction with the overall technical assistance activities.	September, 1990 (OR Following Visit #2)	**Level of Evaluation:** I Consumer Satisfaction **Design:** Posttest Only **Measure(s):** Technical Assistance Evaluation Form **Activity:** The VI-C Coordinator will complete a posttest using the Technical Assistance Evaluation Form to determine the level of satisfaction with technical assistance activities.
			Level of Evaluation: I Consumer Satisfaction **Design:** Posttest Only **Measure(s):** Administrator Satisfaction Form **Activity:** The building level administrators will complete a posttest using the Administrator Satisfaction Form to determine their levels of satisfaction with technical assistance activities.
			Level of Evaluation: **Design:** **Measure(s):** **Activity:**

BEST COPY AVAILABLE

TASH TECHNICAL ASSISTANCE PROJECT
FORMATIVE EVALUATION REPORT

Report #: 2
Date: 2/6/90

TA #: NC - 406 - IN

TA Format: Group Instruction/On-Site Consultation

Goal: To provide on-site consultation to personnel from both elementary and middle schools regarding implementation of the individual curriculum sequencing model to include the integration of communication skills.

Type of TA:

TA Content: Best Practices (ICS Model)/Communication

Consultant(s): Sally Roberts & Lilin Siegel-Causey

OBJECTIVE	TA ACTIVITY AND DATE	EVALUATION DATA SUMMARY	
1. The consultants will provide: a) advanced training on the application of the ICS model; b) awareness training on the assessment & intervention of nonsymbolic communication skills; and c) the integration of communication skills within the ICS model.	1-1. The consultants will meet with staff to discuss the application of the individual curriculum sequencing model, and assessment and intervention of communication skills within the context of the ICS. November 15-16, 1989	LEVEL I Consumer Satisfaction DESIGN Posttest MEASURE McCallon Workshop Evaluation Scale ACTIVITY: The consultant conducted the presentation.	RESULTS: McCallon Workshop Evaluation Scale Overall $\bar{X}$: 6.6 (See attached Table.)
	1-2. The consultants will provide on-site consultation to staff on the implementation of the ICS model and the integration of non-symbolic communication skills for individual students. November 15-16, 1989	LEVEL III Knowledge/Skill Implementation DESIGN Pre-test MEASURE IEP Analysis ACTIVITY: The consultant provided on-site consultation.	RESULTS: IEP Analysis Target Student I (DHS) -Total number of objectives: 12 Target Student II (I) -Total number of objectives: 12 (See attached Summary.)

BEST COPY AVAILABLE

Consultant: Sally Roberts
TA # NC-406-IN
South Bend, IN
Date: Nov. 15-16, 1989

McCallon Workshop Evaluation Scale

Evaluation Criteria	Average on 7 pt. Likert
1. The organization of the workshop was:	5.6
2. The objectives of the workshop were:	6.3
3. The work of the presenter was:	6.7
4. The ideas and activities of the workshop were:	6.6
5. The scope (coverage) of the workshop was:	6.4
6. My attendance at this workshop should prove:	6.3
7. Overall, I consider this workshop:	6.6

6 (86%) responded "yes" to the need for additional information on the topic
1 (14%) responded "no"

Written Comments

The stronger features of the workshop were:

*She knew our population and their functioning level-she could identify with our frustrations

*Direct consultation concerning individual deaf-blind students, communication activities

*Realistic expectations of our population and time restrictions of staff members.

*The simplified data system was very helpful as I set up new IEP objectives.

*I really appreciated that you sat down and really listened to what I had to say about Jason. Not only did you offer some very helpful suggestions, but you reinforced what I was already doing with Jason. It was wonderful to have someone tell me that I was doing a good job and to give me some excellent suggestion about Jason.

*1-1 help and input on individual students. Good help!

*The ideas and activities suggested for individual students.

The weaker features of the workshop were:

*None

*They were in the classroom too long. It was difficult to talk and keep an eye on everything going on in the room.

*Not enough time

BEST COPY AVAILABLE

Comments:

*I greatly enjoyed this education and her knowledge. She's the only one of many I've heard that zeroed in on our population and their problems.

*We need more visits from these professionals to assist us in appropriate instructional activities and programming.

*Sally was quite positive when offering suggestions, and she was quite thorough when asking questions to gather pertinent information on students in question. I would like more information on reading students non-symbolic communication.

*The information that was shared with the staff after school was interesting and useful.

*I am grateful for the interest and help for my deaf-blind students. Very helpful to me.

IEP ANALYSIS SUMMARY FORM

Date: Pre 11-16-89
Date: Post

Student D.J.S

	PRE	PROBE	POST
Total Number of Objectives	12		
% Basic Skill	75%		
% Critical Activity	92%		
% Interaction Activity	33%		
% Age Appropriate Materials	100%		
% Age Appropriate Task	100%		
% Taught Across Materials/Settings	33%		
% Taught in Natural Settings	92%		

Student Jeremy

	PRE	PROBE	POST
Total Number of Objectives	12		
% Basic Skill	92%		
% Critical Activity	92%		
% Interaction Activity	0%		
% Age Appropriate Materials	100%		
% Age Appropriate Task	83%		
% Taught Across Materials/Settings	42%		
% Taught in Natural Settings	92%		

Student _____

	PRE	PROBE	POST
Total Number of Objectives			
% Basic Skill			
% Critical Activity			
% Interaction Activity			
% Age Appropriate Materials			
% Age Appropriate Task			
% Taught Across Materials/Settings			
% Taught in Natural Settings			

Student _____

	PRE	PROBE	POST
Total Number of Objectives			
% Basic Skill			
% Critical Activity			
% Interaction Activity			
% Age Appropriate Materials			
% Age Appropriate Task			
% Taught Across Materials/Settings			
% Taught in Natural Settings			

BEST COPY AVAILABLE

...TECHNICAL ASSISTANCE PROJECT
...IVE EVALUATION REPORT

Report #: 1
Date: February 3, 1990

...to provide on-the-job training to pre-school personnel from both ... and middle school regarding implementation ... and to include the integration of communication skills.

TA Format: Group Instruction/On-site Consultation

TA Content: Best Practices (DCS Model)/Communication Skills

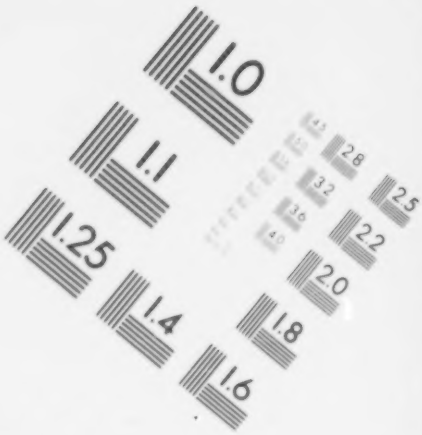
Consultant(s): Sally Roberts and Ellin Siegel-Causey

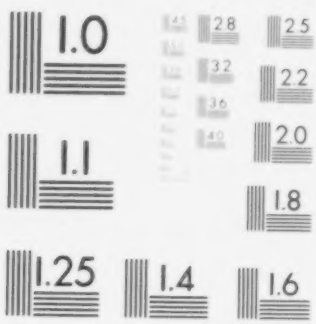
OBJECTIVE	TA ACTIVITY AND DATE	EVALUATION DATA SUMMARY	
...	...	LEVEL: 4 Consumer Satisfaction DESIGN: Posttest MEASURE: McCallon Workshop Evaluation Scale ACTIVITY: The consultant conducted a workshop on communication assessment and intervention.	RESULTS: McCallon Workshop Evaluation Scale Total # of Participants: 23 Overall $\bar{X}$=6.1 (See attached Table.)
...	...	LEVEL: II Knowledge/Skill Acquisition DESIGN: Pre/Posttest MEASURE: Consultant designed instrument ACTIVITY: The consultant is providing technical assistance activities in two sessions due to a previous cancellation because of inclement weather. She delivered a pre/posttest during the inservice.	RESULTS: Pre/Posttest Total # of Participants: 22 Total # of Matched Pairs: 21 Pre $\bar{X}$ = 6.9 Post $\bar{X}$ = 9.3 Difference $\bar{X}$= 2.4 (See attached Table.)

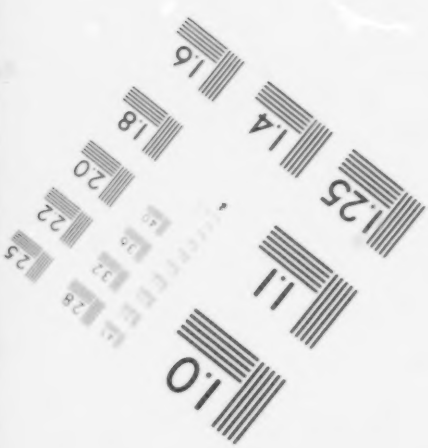
BEST COPY AVAILABLE

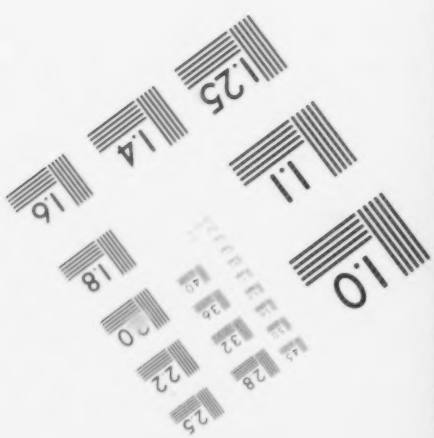
AIIM

Association for Information and Image Management
1100 Wayne Avenue, Suite 1100
Silver Spring, Maryland 20910
301/587-8202









MANUFACTURED TO AIIM STANDARDS
BY APPLIED IMAGE, INC.

McCALLON WORKSHOP EVALUATION SCALE
"COMMUNICATION STRATEGIES FOR LEARNERS WITH SEVERE DISABILITIES"
NC-406-IN

DATE: January 19,1990 CONSULTANT: Ellin Siegel-Causey

	N	$\bar{X}$	Poor 1	2	3	4	5	6	Excellent 7
1	23	6.2				1	3	9	10
2	23	6.5					1	10	12
3	23	6.6				1		5	17
4	23	6.4				1		10	12
5	23	6.2				1	5	6	11
6	23	6.4					4	6	13
7	22	6.6					1	6	15
Totals	160	6.4				16	70	312	630

Would you like more information on the topic?
-Yes: 100% (23)

The stronger features of the workshop were.
-Better approach to interactive communication with challenging students.
-Organization and handouts, understanding of our population.
-I did soul searching (self-evaluation) on my understanding and allowance of my students to communicate to me. Not throwing out developmental approach altogether
-Presented material both oral and written
-Valuable information. New information humor
-Handouts were beneficial and organized
-The handouts and visual aides
-The focus on nonsymbolic interactions-examples, explanations, also resources given for further study
-Identifying various components of language and communication

BEST COPY AVAILABLE

-Clarity of the explanation, examples presented, handouts and list of references, enthusiasm of the presenter.
-I appreciated the organization, references to most current literature, and handouts.
-Presenting material and giving examples; staff participation; time for questions.
-Handouts.
-The speaker was very knowledgeable about the subject and experienced. She delivered the workshop in a very easily understood manner.
-Nonsymbolic importance of communication.
-Good handouts with resources for future use; well organized
-The presenter was organized and very knowledgeable about her subject.
-Resources, references, handouts, offer to spend time in the classroom; practical suggestions.
-Exemplifying already introduced or known information (I'm a SLP). Putting it in less SLP terms to help staff understand.
-Presenter knew about the level of my students and gave pertinent research.
-Information on assessment; especially ideas on adult assessing his/her behavior

The weaker features were:
-We did not allow enough time for lecture, should have been entire day.
-Not enough time to adequately cover all the material
-Some redundancy as to what we want, not enough suggestions.
-Emphasis on adult assessment. I would like to hear more on alternative symbolic information. My students weren't covered the majority of the time
-Time limitations
-Needed more time for workshop
-Not enough hands-on, but I understand lack of time
-Lack of time and opportunity to discuss specifics
-There was a great deal of material to take in.
-Time constraints.
-Needed more time
-Handouts were a bit confusing
-Could be enhanced by some videotapes of actual examples
-Not enough time, wish we could have had the whole day
-We needed more time
-Not enough time and need more time in the classrooms
-Our time constraints, limiting what she could say or spend more time
-Not enough time allowed for hands-on things

BEST COPY AVAILABLE

General Comments:

-Appreciated time and energies of the presenter given to this. Very well done and addressed the level of my students. Thanks.
-It was interesting, but a times I wish more specific examples would have been given
-The time was not adequate to cover everything you seemed to want to impart.
-The presenter accomplished her objectives of getting this participant excited to fine tune her skills.
-I learned not to be so reactionary especially to negative behavior.
-Very knowledgeable; very closely related to our type of kids; not always the case; good overall perspective for approaching communication.
-Good ideas, feel like it is an extension and upgrading of knowledge base
-I know how to flip. Thank you.
-The workshop was very beneficial and really got me to thinking!!!
-I feel that this workshop has answered many questions for me and that I have more "direction" for training with lower functioning clients.
-This was a very good workshop and well done presentation.
-I appreciated the presentation's application to our setting and basic level of information which can be built on.
-I have a lot to learn in this field and feel lots of inadequacies; feel more comfortable during work with kids.
-One of the few inservices I've attended that really addressed our population to the T.I
-Seems to be an authentic, hands-on type of presenter
-Enjoyable, held my attention. Very useful to our population of severely involved students
-So much to grasp in such a brief time
-Look forward to your visit in the Spring

BEST COPY AVAILABLE

"COMMUNICATION STRATEGIES FOR LEARNERS WITH SEVERE DISABILITIES"
PRE/POSTTEST
NC-406-IN

DATE: January 19, 1990
Pre. 22
Post. 23

CONSULTANT: Ellin Siegel-Causey
# of Points Possible 10
Matched Pairs. 22

Social Security #	Pre	Post	Difference
1 32	85	10	+15
2. 7	6	8	+2
3 T8	9	10	-1
4 0	55	10	45
5 SPL	65	10	+35
6. 317	55	95	-4
7 11990	4	7	-3
8 242	9	25	+15
9 P.	-		--
10 Pe12	8	-	-
11 240	8		--
12 .	25		-5
13 [illegible]	8		--
14 [illegible]	65		-35
15 [illegible]	85	85	-5
16 [illegible]	10		- 0

BEST COPY AVAILABLE

17. Sullivan	7.5	9.5	+2
18 JFL	8	10	+2
19 Michelle	7.5	8.5	+1
20. BSK	8	8.5	+.5
21. Vickie	7	10	+3
22 Ann	7.5	10	+3
23 ?	-	7.5	-
Mean	6.9	9.7	2.4
Range	4-9.5	7-10	-1-+6

APPENDIX D

1991 Summer Institute Information Letter, Sample of Content Outline and Pre-posttest Results

Indiana State University

BLUMBERG CENTER for Interdisciplinary Studies
in Special Education

DATE: March 4, 1991

TO: Public School, State School, and Community Agency Administrators

FROM: Karen S. Goehl, Director
Indiana Deaf-Blind Project

SUBJECT: Summer Institute for Service Personnel Responsible for Educating Students who have Dual Sensory and Multiple Impairments

SUMMER INSTITUTE DATES: July 8 - 12, 1991
8:00 - 5:00 pm, Monday through Friday

LOCATION: Hulman Memorial Student Union, Indiana State University
Terre Haute, IN

SPONSORED BY: The Indiana Deaf-Blind Project and the Teaching Research Assistance to Children and Youth Experiencing Sensory Impairments Technical Assistance Project (TRACES-TA)

INSTITUTE GOALS AND CONTENT:

The Indiana Deaf-Blind Project and TRACES-TA Project are committed to building the local capacity of Indiana service personnel to provide educational services for children and youth who have dual sensory impairments. The July, 1991 summer institute is designed to train mentor teachers who currently provide services to students with dual sensory losses. The individuals who receive this training must be willing to work with other service providers in a collaborative consultation model. This course presents information on vision and hearing, communication, orientation and mobility, best educational practices, family issues, and collaborative consultation strategies specific to individuals with dual sensory and severe disabilities. Participants are to bring a videotape of a target student for the development of educational programming. It will be important to also provide any available ophthalmological reports and audiological information for the target student. Participants must also demonstrate successful completion of this course through follow-up on-site observation visits to classrooms by lecture staff, as well as comply with data submission requirements.

INSTRUCTORS: June E. Downing, Ph.D., Professor, University of Arizona
Teacher Preparation: Severe/Multiple Disabilities and Deaf Blindness

Brent Bailey, Ph.D. (August, 1991), Vision/O&M Consultant to Programs for Students with Moderate and Severe Disabilities, Madison, WI

School of Education 502
Terre Haute, Indiana 47809
(812) 237-2830

CREDIT: CEU's and/or possible graduate credit will be offered for those fully participating.

MATERIALS: Training manuals will be provided for each participant.

STIPENDS: Small stipends will be paid to each participant for travel and evening meal expenses. Lodging, breakfast, and lunch will be provided by the Indiana Deaf-Blind Project at one of the ISU dormitories.

ENROLLMENT: Limited to 15 persons. Each participant must currently be providing services to a student who has dual sensory and multiple impairments.

AGREEMENT

If you chose to participate, you will be responsible for completing the following activities:

1. Submit a baseline videotape of one student with dual sensory impairments who is enrolled in your classroom or is on your caseload (see enclosed Videotape Guidelines).

2. Complete daily homework assignments which consist of reading the required research articles and writing a one page reaction paper on the article of your choice.

3. Complete daily pre-posttest knowledge/acquisition measures with 80% accuracy.

4. Implement four to five recommendations given by the lecture staff in time for the on-site observation visits.

5. Complete and submit an Impact Evaluation Self Report (a two page form) by the time of the on-site observation visits.

6. Submit a "probe" videotape of the same student prior to the on-site visits. This videotape should feature your implementing recommended strategies or techniques with the target student.

7. Demonstrate competencies listed on the Mentor-Teacher Observation Evaluation Form with 90% accuracy during the on-site observation visits.

For more details and enrollment information, please contact:

Karen S. Goehl, Director
Indiana Deaf-Blind Project
Blumberg Center for Interdisciplinary Studies
in Special Education
School of Education, Room 502
Indiana State University
Terre Haute, IN 47809
(812) 237-2830

SUMMER INSTITUTE FOR SERVICE PERSONNEL RESPONSIBLE FOR EDUCATING STUDENTS WHO HAVE DUAL SENSORY AND MULTIPLE IMPAIRMENTS

July 8, 1991

Day 1

VISION AND HEARING ANATOMY AND ASSESSMENT

VISION

Specific Outcome Competencies

1. Participants will be able to identify parts of the eye, how the eye functions, and types of visual impairments.

2. Participants will be able to identify and describe basic assessments (formal and informal) used to conduct functional vision evaluations.

3. Participants will be able to implement at least one functional vision assessment for a target student.

4. Participants will be able to interpret information from ophthalmological, optometric, and functional vision evaluations in the development of educational programs.

Content Outline

A. Anatomy of the Eye

1. Conjunctiva
2. Cornea
3. Sclera
4. Aqueous Chamber
5. Vitreous Chamber
6. Iris
7. Pupil
8. Lens
9. Retina
10. Macula
11. Optic Nerve
12. Choroid
13. Optic Disk

(See Glossary)

B. Normal Functioning Eye (how we see)

Seeing is a complex process, with the efficient functioning of one part of the visual system often dependent on the efficient functioning of the other parts. It involves:

1. Light rays are reflected from an object and enter the eye;
2. The light rays pass through the cornea, which refracts, or bends, them;
3. The light rays, properly refracted, pass through the anterior, or aqueous chamber, where they are again slightly refracted;
4. From the anterior chamber the light rays pass through the pupil. The size of the pupil can be changed by the movement of the iris to allow more or less light as needed;
5. The light rays pass through the lens, the major refracting structure of the eye. The shape of the lens can be changed by the suspensory ligament to focus the light rays on exactly the right place in the eye. This process is called accommodation;
6. The light passes through the vitreous chamber. Its content, the vitreous humor, also has a slightly refractive effect;
7. The light rays are focused on the fovea, a small spot on the macula that produces the clearest, most distinct vision; and,
8. Light energy is changed to electrical impulses, which are carried by the optic nerve to the occipital lobe of the brain, where "seeing" takes place.

C. Visual Impairments

1. Acuity
   a. Myopia
   b. Hyperopia
   c. Astigmatism
2. Brain Reception
   a. Cortical Blindness
3. Field Loss
   a. Central
   b. Peripheral
4. Muscle Imbalance
   a. Strabismus
   b. Esotropia
   c. Exotropia
5. Other
   a. Nystagmus
   b. Anophthalmia
   c. Microphthalmia
   d. Aniridia
   e. Eye conditions secondary to tumors, trauma, and disease
      (See Handout - "Types of Visual Loss")

D. Formal and Informal Assessments

1. Tests of Physiological Functioning [Orelove, F., & Sobsey, D. (1987). Sensory impairments *Educating children with multiple disabilities: A transdisciplinary approach.*(pp. 105-128). Baltimore: Paul H. Brookes.]
   a. Modified Subjective Acuity Test
   b. Forced-Choice Preferential Looking
   c. Optokinetic Nystagmus
   d. Orthoptic Test

e. Retinoscopy
f. Isotropic Photorefraction
g. Electrical Discharge Test
h. Other

2. Functional Vision Assessment
   a. Reflexive Visual Inventory
   b. Protective Blink Reflex
   c. Field of Vision and Visual Field Preference
   d. Ocular Motility
   e. Tracking and Gaze Shift
   f. Visual Acuity

3. Types of Functional Vision Assessments
   a. New York Association for the Blind. (1980). *Lighthouse screening cards and charts*. New York: Lighthouse Optical Aids.
   b. Sailor, W., Utley, B., Goetz, L., Gee, K., & Baldwin, M. (1980). *Vision assessment and program manual for severely handicapped and/or deaf-blind students*. San Francisco: San Francisco State University.
   c. Spellman, C., & Cress, P. (1980). *Parsons visual acuity test*. South Bend IN: Bernell Corp.
   d. Teller, D.Y., McDonald, M.A., Preston, K., Sebris, S.L., & Dobson, V. (1986). *Teller acuity cards*. Dayton, OH: Vistech Corporation.
   e. Other
   (June complete)

4. Interpretation of Formal and Informal Assessment Information
   a. Summarize Information
   b. Application
      i. Correction (surgical, glasses)
      ii. Adaptations
         a. Equipment/Materials
         b. Skill Sequences
         c. Environmental
         d. Instructional Modifications
         e. Attitudinal
         f. Social/Behavioral Interventions
      iii. Maximizing Use of Residual Vision
      iv. Compensatory Skills

HEARING

Specific Outcome Competencies

1. Participants will be able to identify parts of the ear, how the ear functions, and types of hearing impairments.

2. Participants will be able to identify and describe basic assessments (formal and informal) used to conduct functional hearing evaluations.

3. Participants will be able to implement at least one functional hearing assessment for a target student.

4. Participants will be able to interpret information from otolaryngological (?), audiological, and functional hearing evaluations in the development of educational programs.

Content Outline

A. Anatomy of the Ear

1. Outer Ear
   a. Pinna
   b. External auditory canal
2. Middle Ear
   a. Tympanic membrane (eardrum)
   b. Malleus (hammer)
   c. Incus (anvil)
   d. Stapes (stirrup)
   e. Oval window
   f. Eustachian tube
3. Inner Ear
   a. Semicircular canals
   b. Organ of corti
   c. Hair cells
   d. Labyrinth
   e. Cochlea
   f. Vestibule
   g. Basilar Membrane
   h. VIII Auditory Nerve
      (See Glossary)

B. Normal Functioning of the Ear (how we hear)

1. A membrane tube called the organ of corti, sits on this basilar membrane, and contains the sensory cells (hair cells) that set off nerve impulses;
2. These nerve impulses are transmitted through nerve fibers that join in the central core of the cochlea to form the auditory nerve;
3. This auditory nerve carries the information to the brain;

4. The outer ear serves to collect acoustical energy and direct it to the tympanic membrane or eardrum;
5. When this energy hits the eardrum, it changes into mechanical energy and causes it to move in and out, sending the vibrations into the middle ear;
6. The malleus (hammer) activates the incus (anvil) and stapes (stirrup), and the ossicular chain vibrates and delivers sound wave vibrations to the oval window that lies between the middle and inner ear. It also protects the inner ear from strong vibrations;
7. The outer and middle ear are responsible for conducting acoustic signals to the inner ear; and,
8. The fluids in the inner ear, hold the mechanisms that analyze and sharpen the vibratory signal, transduce it into electrical or neural energy and transmit the information to the eighth cranial nerve which sends it to both hemispheres of the cerebral cortex.

C. Hearing Impairments (3 types)

1. Conductive loss is an impairment in the transmission of sound waves through outer and middle ear.
2. Sensori-neural loss is an impairment of the inner ear or the 8th cranial nerve which transmits neural impulses to the brain. The majority of students in programs for individuals with hearing impairments have sensori-neural losses.
3. A mixed hearing loss includes both conductive and sensori-neural loss.

D. Formal and Informal Assessments

1. Tests of Physiological Functioning [Orelove, F., & Sobsey, D. (1987). Sensory impairments *Educating children with multiple disabilities: A transdisciplinary approach.*(pp. 105-128). Baltimore: Paul H. Brookes.]
   a. Modified Pure Tone Audiometry
   b. Behavioral Observation Audiometry
   c. Visual Reinforcement Audiometry
   d. Tangible Reinforcement Operant Conditioning Audiometry
   e. Impedance Audiometry
   f. Heart Rate Response Audiometry
   g. Evoked Response Audiometry
   h. Other
2. Functional Hearing Assessments
   a. Goetz, L., Utley, B. (1982). *Auditory assessment and programming for severely handicapped and deaf-blind students*. San Francisco: San Francisco State University.
   b. Unknown. Auditory screening tool Sequenced inventory of communication development. Seattle: University of Washington Press
   c. Other
      (June complete)
3. Interpretation of Formal and Informal Assessment Information
   a. Summarize Information

b. Application
    i. Correction (surgical, aids)
    ii. Impact on Communication Skills Development
    iii. Adaptations
        a. Equipment/Materials
        b. Skill Sequences
        c. Environmental
        d. Instructional Modifications
        e. Attitudinal
        f. Social/Behavioral Interventions
    iv. Maximizing Use of Residual Hearing
    v. Compensatory Skills

APPENDIX E

HKNC-TAC Request for Technical Assistance and Action Plan

HELEN KELLER NATIONAL CENTER
TECHNICAL ASSISTANCE CENTER
REQUEST FOR TECHNICAL ASSISTANCE IN DEVELOPING TRANSITION SERVICES

A. PROGRAM INFORMATION

PROGRAM REQUESTING ASSISTANCE Indiana School for the Deaf

ADDRESS 1200 E. 42nd Street DATE 3-1-90

CITY Indianapolis STATE IN ZIP 46205

CONTACT PERSON Kathleen Robertson TITLE Special Needs Coordinator

PHONE 317-924-4374 ext. 197

B. TYPE OF PROGRAM

X STATE EDUCATION AGENCY	___ MENTAL RETARDATION/	___ PARENT GROUP
___ LOCAL EDUCATION AGENCY	DEVELOPMENTAL DISABILITIES	___ SHELTERED WKSHP
___ STATE VOC. REHAB.	___ INDEPENDENT LIVING CENTER	___ OTHER PROGRAM
___ PRIVATE REHAB AGENCY		

NUMBER OF DEAF-BLIND PERSONS SERVED, AGES 16-21 5 AGES 21 AND OVER ___

SERVICES PROVIDED TO DEAF-BLIND PERSONS (Please describe) Campus wide, we program for 15 students with severe visual problems. Several students w/ ushers are receiving orientation and mobility (O/M) training by two speech therapists who have recently received technical assistance in O/M. A pre-school deaf/blind student has been funded with a full-time aide. Other than these services, the remaining (over

C. ASSISTANCE REQUEST

OBJECTIVE (Describe the specific objective of your request.)
To have a knowledge of various kinds of adaptive equipment, how and when it would be applicable, methods for determining the appropriate adaptive equipment to be used, and methods to determine whether we could make our own modifications or whether a purchased piece of equipment would be necessary. Needs of adaptive (con

EXPECTED OUTCOMES (As a result of this assistance, what changes do you expect to occur the "system"? What impact will this have on deaf-blind individuals?)
I would expect teachers to be able to better meet the needs of the students through an awareness of their needs and options available. These would be included on their IEP's to greater insure implementation. Through this same knowledge, I would expect a great efficiency of students on the job site as well as improve job placement possibilities due to effective recommendations that (cont.

EVALUATION (How will you measure the successful fulfillment of the technical assistance objective?) Review IEPs to determine whether the students' vision problems are being met. Meet with students and staff to evaluate whether there are other considerations that need to be addressed. This could be done 2 to 3 times during the school year.

D. IMPACT UPON STATEWIDE PLANNING AND INTERAGENCY COORDINATION

RELEVANCE (Briefly describe how this assistance relates to statewide development of transition services for deaf-blind youth) This assistance would generate adaption options that would enhance a student being hired for a job as well as enhancing their retention on that job.

COORDINATION (What other agencies share responsibility for services to this populati Indiana School for the Blind and Silvercrest. I'm not aware of any tohers at the educational level.

TRAINING (If request is for staff training, list other agencies that will be invited participate) If assistance is provided in a lecture format, I will invite staff from the Ind. School f/t Blind. If we can do any kinds of hands-on activities with students, it may be for feasible to focus on our staff. This would be open for discussion.

INTERAGENCY PLANNING (Do written cooperative agreements exist between your agency and others listed above?) ___ yes X no

NUMBER AND TYPE OF PARTICIPANTS

___ Teachers X Counselors X Parents ___ Dorm Staff X Trainers

___ Paraprofessionals ___ Administrators X Others

E. LOGISTICS

ANTICIPATED NUMBER OF DAYS NEEDED 1

PROJECTED DATES (Please offer two or more alternate dates for assistance)
April 26, 1990 , May 1 - 3, 1990 , March 17 - 19, 1990

SITE OF ASSISTANCE (City, State) Indianapolis, Indiana

NEAREST AIRPORT (For interstate flights) Indianapolis, International

POTENTIAL CONSULTANTS (The Project operates an extensive data bank of potential consultants and their areas of expertise. However, you may suggest a particular consultant in whom you have confidence.)

OTHER RELEVANT INFORMATION

Please complete and mail to:

Project Director
Helen Keller National Center/TAC
111 Middle Neck Road
Sands Point, N.Y. 11050

(516) 944-8900 voice or TTY

TAC PLANNING GUIDE

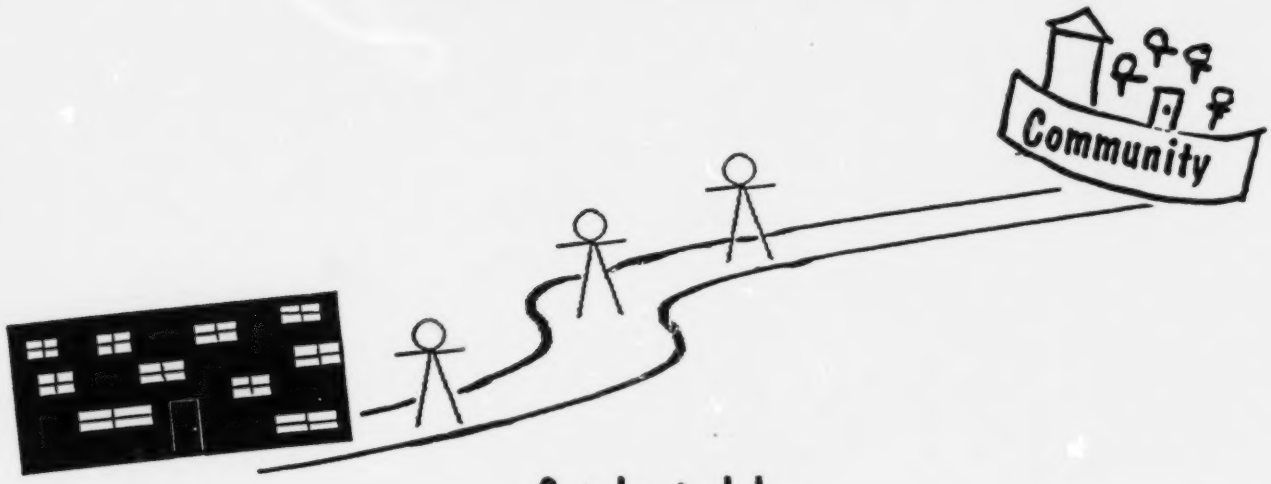
GOALS/OBJECTIVES	ACTIVITIES	TIMELINES	RESPONSIBLE PARTY
1. Provide orientation and mobility training to staff to assist students of transition age in independent travel methods.	Consultant to providce techniques to staff by demonstration with one student graduating in June (Paul Ehrisman)	February 19, 1990	Martha Michael
2. Provide resources and technical assistance to staff concerning adaptive devices and equipment for transition age individuals in the areas of vocation and living.	Consultant to spend time with staff exploring adaptability of already available equipment and new resources (Keith Sofka)	April, 1990 April 26, 1990	Martha Michael
3. Provide methods and strategies to staff for teaching in hand signing both receptive expresive, for students of transition age.	Consultant to review methods available for instruction and usage of tactile sign	April - May 1990	Martha Michael

BEST COPY AVAILABLE

APPENDIX F

Agenda-HKNC-TAC Personal Futures Planning Workshop-1992

"Creating Pathways for Young Adults with Deaf-Blindness"
A Parent Training on Personal Futures Planning



Conducted by

DR. BETH MOUNT

Sponsored by the

Helen Keller National Center -
Technical Assistance Center

Atlanta-Decatur Holiday Inn
Conference Plaza
July 16-18, 1992

AGENDA

Thursday, July 16, 1992

3:30-5:30 **OPENING REMARKS**

Dennis Brady
Assistant Director
Helen Keller National Center
Sands Point, NY

Kathleen McNulty
Program Associate
Helen Keller National Center -
Technical Assistance Center
Sands Point, NY

UNDERLYING VALUES OF PERSONAL FUTURES PLANNING

Beth Mount
Personal Futures Planning Consultant
Graphic Futures, Inc.
New York, NY

GOING AFTER A DREAM: GLORIA'S PERSONAL FUTURES PLAN

Mary Ellen Barbiasz
Regional Representative
Helen Keller National Center
Boston, MA

5:30-6:30 **NO HOST SOCIAL**
REUNION LOUNGE

DINNER ON YOUR OWN

Friday, July 17, 1992

FINDING CAPACITIES AND DEVELOPING A VISION

8:00 - 8:30	*Coffee*
8:30 - 9:30	*Overview of Finding Capacities: The Personal Profile*
9:30 - 11:00	*Work on Personal Profiles (Break is included)*
11:00 - 11:45	*Discussion and Development of Questions When People Have Complex Needs for Support*
12:00 - 1:00	*Lunch*
1:00 - 2:00	*Looking for Capacities in Local Communities*
2:00 - 3:00	*Building a Vision for the Future*
3:00 - 3:15	*Break*
3:15 - 4:15	*Searching for New Options*
4:15 - 4:30	*Wrap-up and Discussion*

Saturday, July 18, 1992

IMPLEMENTATION AND FOLLOW-ALONG

8:30 - 9:30	*Designing a Planning Group*
9:30 - 10:15	*Developing Strategies for Action*
10:15 - 10:30	*Break*
10:30 - 12:00	*Variables for Successful Implementation: Designing a Plan for Taking Ideas Home*
12:00 - 12:30	*Wrap-up*
12:30 -	*Box Lunch (Working Lunch for Regional Representatives)*

APPENDIX G

Agenda-HKNC-TAC Usher Syndrome Workshop-1992

Helen Keller National Center
Technical Assistance Center

USHER SYNDROME:
TRANSITION FOR YOUNG ADULTS
Seattle, Washington

TENTATIVE AGENDA

Friday - July 31, 1992

8:00 - 8:30 AM	Continental Breakfast
8:30 - 9:00 AM	Introductions
9:00 - 10:00 AM	Keynote
10:00 - 12:00 PM	Definition Research Information Identification/What's Involved in Screening
12:00 - 1:15 PM	Lunch
1:15 - 2:30 PM	Morning Session Continues
2:30 - 2:45 PM	Break
2:45 - 4:30 PM	Deaf-Blind Culture Experience
4:30 PM	Adjourn

Saturday - August 1, 1992

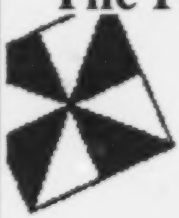
8:00 - 8:30 AM	Continental Breakfast
8:30 - 9:45 AM	Communication Strategies/Interpreters
9:45 - 10:00 AM	Break
10:00 - 12:00 PM	Educational Service Needs Panel Discussion Reaction
12:00 - 1:15 PM	Lunch
1:15 - 2:00 PM	After the Diagnosis - Supports
2:00 - 2:45 PM	Parent Panel, Parent Support
2:45 - 3:00 PM	Break
3:00 - 4:30 PM	Support Groups
4:30 PM	Adjourn

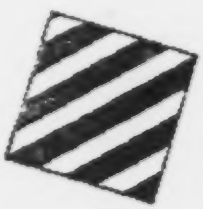
APPENDIX H

ITRAID Brochure - ATTAIN Technology Project

Technology Related Assistance for Individuals with Dual Sensory Impairments

The ITRAID Project





"Independence through Technology"

THE ITRAID PROJECT

The Indiana Technology-Related Assistance for Individuals with Dual Sensory Impairments Project (ITRAID) is a three year federally funded grant. The ITRAID project is administered by the ATTAIN Project, which is located at the Indiana Department of Human Services, Office of Vocational Rehabilitation.

The Accessing Technology Through Awareness in Indiana (ATTAIN) Project is a result of the Technology-Related Assistance for Individuals with Disabilities Act of 1988. The project has many components statewide and serves individuals of all ages with many different types of disabilities.

ATTAIN PROJECT GOALS

- To increase consumer, professional and general public knowledge and awareness of technology related assistance and its appropriate use by both public and private entities
- To develop new initiatives in technology-related assistance to fill gaps in the present delivery system through the recruitment of both public and private resources for the purpose of creating a comprehensive service delivery system
- To ensure that current and future services in the area of technology related assistance are used to capacity in Indiana

BLUMBERG CENTER'S ROLE

The ITRAID Project, one component of ATTAIN, is located at the Blumberg Center for Interdisciplinary Studies in Special Education at Indiana State University. The main focus of the ITRAID Project is to identify and provide for the technology-related needs of individuals in Indiana who have dual sensory impairments. The activities of the ITRAID Project are linked with the Indiana Deaf-Blind Project, which is also administered through the Blumberg Center.

Both projects address the educational, vocational and the technical assistance needs of individuals with dual sensory impairments.

DEFINITION OF DUAL SENSORY IMPAIRMENTS

Individuals with dual sensory impairments represent a heterogeneous group and may include:

- individuals who are both deaf and blind as demonstrated by accurate vision and hearing tests;
- individuals who have hearing and visual impairments of a mild to severe degree and additional learning and/or language disabilities;
- individuals who may have been diagnosed as having a degenerative pathology or disease which will affect vision and/or hearing acuity; and,
- individuals with multiple disabilities due to central nervous system dysfunction who may demonstrate inconclusive responses during evaluations or in the natural environment.

ITRAID PROJECT ACTIVITIES

- Identify, register and track individuals over 21 years of age with dual sensory impairments.
- Evaluate the technology-related needs of individuals of all ages with dual sensory impairments.
- Provide training and technical assistance about assistive technology-related issues for persons with dual sensory impairments.
- Work with professionals, consumers and families to identify funding sources and fund raising strategies to secure devices and equipment.
- Coordinate resources and technical assistance efforts with the Indiana Deaf-Blind Project.

WHO CAN USE THESE SERVICES?

- Personnel from state and community agencies, medical programs, and others who provide services to individuals with dual sensory impairments
- Parents and family members, and individual care providers of individuals with dual sensory impairments
- Individuals with dual sensory impairments

ADDITIONAL INFORMATION

For Additional Information contact:

Jennifer Meadows M.S.
Information/Training Specialist
ITRAID Project
Blumberg Center for Interdisciplinary
Studies in Special Education
School of Education, Room 502
Indiana State University
Terre Haute, IN 47809
(812) 237-2830
TDD (812) 237-3022
SpecialNet User Name: INBLUMBERG

The ITRAID Project Component for individuals with dual sensory impairments is administered through the Blumberg Center for Interdisciplinary Studies in Special Education at Indiana State University. Support for this project is provided by agreement #84-90-2526 from the U. S. Department of Education. Funding for this project is provided by the U. S. Department of Education, Office of Special Education and Rehabilitation Services, and the National Institute on Disabilities and Rehabilitation Research. This material does not necessarily reflect the positions or policies of the above funding agents, and no official endorsement should be inferred.

APPENDIX I

Sample Technical Assistance Request Form

Indiana Deaf-Blind Project
Technical Assistance Request Form

PROGRAM INFORMATION

Program: Wabash-Miami Area Programs
Address: 1450 Vernon St.
City: Wabash State: IN Zip: ____
Contact Person: Cheryl Ellis / Lynne Brady
Title: Program Coordinator/Teacher Phone: ____

Date: 10/10/90

TYPE OF PROGRAM

[ ] Community Agency
[X] Public School
[ ] State School
[ ] Other Program

Describe Technical Assistance (TA) Need(s): Request programming strategies for student (Billy) with dual sensory impairments utilizing a functional curriculum. Also ~~would~~ want consultant to discuss training needs for classroom assistants and how they can actively participate in students' learning needs

What impact will the TA have on Deaf-Blind individuals? improve educational programming and intervention strategies for teacher

OBJECTIVES	ACTIVITIES	TIMELINES	PERSON(S) RESPONSIBLE	EVALUATION & DOCUMENTATION
1. Provide appropriate programming strategies for Billy.	1. observation plus written report	Nov Dec 1990	Karen Goehl	written report and feedback
2. educate classroom personnel in functional curriculum	2. written report plus meeting with staff	Dec. 1990 Feb. 1991 - visit	Karen Goehl	written report evaluation inst.
3. provide follow-up in IEP development and data collection	3. Meeting with staff & to help develop possible goals and objectives	3. April, 1991 visit	Karen Goehl and case conference committee	IEP developed

BEST COPY AVAILABLE

APPENDIX J

Resource Materials Center Request Form and Descriptor Categories

Indiana Deaf-Blind Project
Resource Materials Request Form

PROGRAM INFORMATION

Date: _____

Program: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Title: _____ Phone: _____

Loan Period: _____(2wks) _____(4wks)

TYPE OF PROGRAM

[] Community Agency

[] Public School

[] State School

[] Other Program

LOCATION #	TITLE	RESOURCE TYPE	FOR OFFICE USE ONLY DATE MAILED	DATE RETURNED

RESOURCE FILE DESCRIPTORS

1. ASSESSMENT (Green) - ASSESS.

   Behavioral - B
   Checklists - CK
   Development Assessment - DA
   Ecological Inventory - EI
   Functional - F
   Issues - I
   Life Skills - LS
   Program Evaluation - PE
   Questionnaire - Q
   Scales - SC
   Screening Devices - SD
   Strategies - S
   Surveys - SV
   Vision - V

2. COMMUNICATION (Blue) - COMM.

   Issues - I
   Language Development - LD
   Non-Verbal - N/V
   Sign Language - SL
   Strategies - S
   Tangible Symbols - TS

3. CURRICULUM (Red) - CURR.

   Academic - A
   Activities - AC
   Community Based Instruction - CBI
   Deaf/Blind - D/B
   Early Childhood - EC
   Functional - F
   Modules - M
   Strategies - S
   Teacher Training - TT
   Transition - T

4. EARLY CHILDHOOD (0-5) (Pink) - ECHLD.

   Infant - I
   Intervention - IV
   Preschool - PS

5. EMPLOYMENT (Lt. Green) - EMPL.

Integrated Work - IW
Issues - I
Supported Work - SW
Vocational Training - VT

6. FAMILY (Lt. Blue) - FAM.

Case Manager - CM
Guardianship - G
Issues - I
Professional Collaboration - PC
Parent Training - PT
Residential - R
Respite Care - RC
Siblings - S
Stress Identification & Management - SIM

7. INTEGRATION (Orange) - INTEG.

Age Appropriate - AA
Community - C
Heterogeneous Grouping - HG
Issues - I
Peer Tutors - PT
Plan - P
Regular Schools - RS
Strategies - S

8. MEDICAL (Goldenrod) - MED.

Care Systems - CS
Diagnostic/Screening Proceedures - DSP
Etiology - E
Genetic - G
Issues - I
Medically Fragile - MF
Otitis Media - OM
Treatment - T
Tuberous Sclerosis - TS
Ushers Syndrome - US

9. PUBLICATIONS (Gray) - PUBL.

Catalogs - C
Conference Procedures - CP
Features - F
Newsletters - N
Research Information - RI
Resource Directories - RD
Service Provider Directories - SPD

10. RELATED SERVICES (White) - RELSVCS.

Integrated Therapy - IT
Teaming - T

11. SERVICE PROVIDERS (Lavender) - SVCPROV.

Deaf/Blind Programs - D/BP
Employment Resources - ER
Foundations - F
Issues - I
Laws and Regulations - L/R
Policies - P
Rehabilitation Centers - RC
State Programs/Agencies - SP/A
Training Teams - TT

12. SKILLS (Yellow) - SKILLS.

Behavior Management - BM
Functional Skills - FS
Independent Living Skills - ILS
Intervention Skills - IS
Issues - I
Mobility Skills - MS
Recreational Skills - RS
Social Skills - SS

13. TECHNOLOGY (Dk. Pink) - TECH.

Adaptive Equipment - AE
Assistive Devices - AD
Issues - I
Rehabilitation - R
Training - T

14. TRANSITION (Peach) - TRANS.

Issues - I
Plans - P
Training - T
Vocational - V

TYPE CODE:
- AT = Audio Tape
- B = Book
- CS = Computer Software
- F = File
- VT = Video Tape

APPENDIX K

Agenda-Parent Support Weekend and Evaluation Data

INDIANA DEAF-BLIND PROJECT
PARENT SUPPORT WEEKEND
September 28, 29, 30

AGENDA

DATE	TIME	TOPIC	LOCATION
Friday, September 28, 1990	6:30-7:30	Arrival	Registration Desk
	7:30-9:30	Evening Session Welcome & Introduction Overview of the Weekend	Hospitality Suite
Saturday, September 29, 1990	7:30-8:45	Breakfast	The Village Green
	8:45-10:00	Session I - Educational Planning with Sally Roberts	Chestnut East
	10:00-10:15	Break	Chestnut East
	10:15-11:30	Session II - Educational Planning with Sally Roberts	Chestnut East
	11:30-1:00	Lunch	Chestnut East/Pool
	1:00-2:45	Session III - P.L.A.Y.*	Chestnut East
	2:45-3:00	Break	Chestnut East
	3:00-4:30	Session IV - "Make It - Take It"	Chestnut East
	4:30-6:00	Free Time	
	6:00-7:30	Dinner	Chestnut East
	7:30-10:00	"Families Together Time"	Hospitality Suite
Sunday, September 30, 1990	8:00-9:00	Breakfast	The Village Green
	9:00-10:30	Session V- Networking, Advocacy, and Resources	Chestnut East
	10:30-10:45	Break	Chestnut East
	10:45-11:30	Session VI - Wrap - Up	Chestnut East

PARENT SUPPORT WEEKEND

SEPTEMBER 28-30,1990
HOLIDAY INN, TERRE HAUTE, IN

Please rate the following questions regarding the Parent Support Weekend.
The scale is:

1 = Strongly Disagree (SD)
2 = Disagree (D)
3 = Undecided (U)
4 = Agree (A)
5 = Strongly Agree (SA)

		SD	D	U	A	SA	MEAN N=11
1.	Overall, the content of this workshop met my expectations.	1	2	3	4	5	4.64
2.	The objectives of the workshop were clear and identifiable.	1	2	3	4	5	4.91
3.	The workshop provided specific information that I can apply.	1	2	3	4	5	4.91
4.	I gained new knowledge as a result of this workshop.	1	2	3	4	5	5.0
5.	Parents attending this workshop were encouraged to be active participants.	1	2	3	4	5	4.91

Please answer the following questions regarding the Parent Support Weekend. - SEE ATTACHED.

6. Please identify three of the most significant things you learned as a result of this workshop.

_____

_____

_____

_____

7. What are the strengths of this workshop?

_____

_____

_____

8. In what ways could this workshop be improved?

_____

_____

_____

_____

_____

_____

9. What follow-up needs do you have, if any?

_____

_____

_____

_____

PARENT SUPPORT WEEKEND
EVALUATION

Please identify three of the most significant things you learned as a result of this workshop.

1. the make-it-take-it workshop - I have finally found a way to help Mida enjoy toys, the importance of preschool, meeting families with similar situations

2. the laws that are out there for us, that there are people with similar "problems, how to make the pressure switches that was a very important part of this weekend to me, the switches allow her to play with toys

3. laws, making the switches, meeting other people with the same problems

4. to stand up, speak for yourself, your not alone, you have your rights

5. We as parents have something to say about our childrens' lives, and we have a right to talk firmly with doctors.

6. How to help my child with home theropy, and legal rights that we have as parents.

7. rights of parents, other parents struggle also, and how to work together

8. the educational right of my child, making the switch, and that we are not alone; there are other parents going through the very same things

9. education-working the system as well as possible, toys that are good for special children

10. laws directly affecting our situation identified, identified several new resources, how others cope with their situation

11. what rights as parents with a handicap child, that there are others with the same problem

What are the strengths of this workshop?

1. the information and the relaxed atmosphere, the "trainers" and especially the respite workers

2. families getting together, parents and children knowing that there is someone out there who understands and that you're not alone

3. The items about the laws that I had no idea existed and switches

4. that I can relate to my concerns with my child and that I believe in myself that I can do this, that we can make it with the support of other people

5. parents coming together to let everyone else (parents of children with handicaps) know that they aren't alone

6. the togetherness of the families and it helped in education, laws, and to strengthen us as a family unit

7. open and hones information - informative

8. the resources that were given to us, the people who gave presentations (they were great), the information (the more the better for me)

9. realizing I'm not the only parent with a special need child, very informative, and the child care - it gave parents a chance to breath

10. very inter-active, child care while in session was a great idea

11. to get out the problems you feel the system has

In what ways could this workshop be improved?

1. it was such a wonderful experience, I doubt I would be able to take in any more information

2. more time to learn more things

3. if we would have more of what the state of Indiana has to offer, more special things

4. to bring in more guest speakers, to help us understand, to bring in more families

5. it was really hard to get the kids use to having to be in a certain place at a certain time - we were to rushed

6. I know and have learned and enjoyed this workshop - it was well planned and very educational for me

7. I do not believe it could be improved, but maybe the families could get together on the family's time to be friends

8. invite guest speakers that parents would find helpful to them and their children - i.e. stress management, legislators.

9. invite people directly involved with legislation

What follow-up needs do you have, if any?

1. I am concerned about how to change the system through the legislatures. It's important they know the families aren't disabled and don't like what is happening to us.

2. To make myself more aware of the laws and service pertaining to my daughter.

3. More about the laws and what I have the right to do about the welfare and insurance and school and money.

4. I need to know and understand all I can about my child.

5. Maybe include a little more about the deaf children.

6. Let's keep information on each other - progress of child - education, etc.

7. I appreciate any kind of new information - I'm always open to any new ways of managing all our lives.

8. To continue getting information on this program.

9. Notification of new advancements and resources.

APPENDIX L

Samples of Presentation Outlines and Evaluation Data

Crossroads Rehabilitation Center's
Early Childhood Program
and
The Indiana Deaf-Blind Project

present:

Assessing Functional Vision Skills

featuring Teller Acuity Cards

Presenter: Pamela Cress
Severe Disabilities Outreach Coordinator
Kansas University Affiliated Program

November 8, 1991

Crossroads Rehabilitation Center
4740 Kingsway Drive
Indianapolis, IN 46205
(Keystone & 47th)

9:00 a.m. - 12:00 noon

For more information call:

Karen S. Goehl, Director
Indiana Deaf-Blind Project
Blumberg Center for Interdisciplinary Studies in Special Education
School of Education, Room 502
Indiana State University
Terre Haute, IN 47809
(812) 237-2830
TDD (812) 237-3022

Participant Evaluation

Trainers: Pamela Cress Date of Training: November 8, 1991

Training Site: Crossroads Rehabilitation Center

Please read each of the following statements carefully and rate each statement using the key below:

1= Strongly Disagree	(SD)	4 = Agree	(A)
2 = Disagree	(D)	5 = Strongly Agree	(SA)
3 = Undecided	(U)		(N)= 15

		(SD)	(D)	(U)	(A)	(SA)	(N)
1.	Overall, the content of this training met my expectations.	1	2	3	4	5	4.2
2.	The training provided specific information that I can apply.	1	2	3	4	5	4.6
3.	The training content was applicable to my needs as a service provider.	1	2	3	4	5	4.3
4.	Materials available from this training were relevant and beneficial.	1	2	3	4	5	4.4
5.	The trainers communicated clearly and effectively.	1	2	3	4	5	4.9
6.	The trainers was responsive to the questions of the participants.	1	2	3	4	5	4.9
7.	The trainers was able to effectively present information through utilization of a multisensory approach (i.e., lecture, overhead transparencies, handouts, readings, and videotapes).	1	2	3	4	5	4.5

9. What were the strengths of this training?

10. What follow-up needs can you identify for yourself?

11. In what ways could these training activities be improved?

9. What were the strengths of this training?
-Very personable presenter; subject targeted well to audience.
-Knowledge of the presenter.
-Valuable techniques for assessment.
-To be able to review the use of the yellow cards and realize that there is an assessment procedure that can be used with the preschool and severely handicapped children.
-The appropriateness of the training to my job.
-Great having a subject (Kyle) perhaps have other subjects - some with disabilities.
-I thought Ms. Cross to be very good. I was very impressed with her research and her presentation.
-The trainer presented information very clearly , and very informative.
-Addressed an area relevantly unknown to most yet frequently needed. Materials new to me were thoroughly explained.
-In consideration of my level of knowledge the use of the teller cards was most informative. It was great to actually observe testing.
-Effective speaker. Demonstration with baby was very interesting. The speaker communicated well with lots of extra information without straying too far from main point.

10. What follow-up needs can you identify for yourself?
-Practice these procedures and some of the ideas she gave. Secure some items that can be used for functioning vision testing.
-More specific training so we, as service providers, can provide a family adequate vision assessment.
-Training on how to use evaluation finding functionally in classroom.
-I would like to try the teller activity cards with some of my students-additional information on application of information to programming, case studies-specific IEP's.
-Programming for the preschool and S/PMH.
-Opportunity of practice on children the techniques I learned.
-I hope teller activity cards will be available in the state.
-More informational.
-Hands-on experience using these materials.
-Need for purchase of teller activity cards and have them available as a loaner item from our outreach dept. to individuals statewide.
-Funds for teller cards-could they be made available through state board of health for loan to school.

11. In what ways could these training activities be improved?
-Would have liked to see demonstrations with autistic/short attention span students.
-I would have liked her to give a more complete visual assessment of the baby.
-More indepth information on testing multiply handicapped individuals.
-Longer time period for presentation with practical experience. Present additional materials that test other types of activity including distance vision. More information about how to maintain attention of children who didn't respond to auditory stimulus.
-Be longer workshops to include more information.
-Hands on experience with teller activity cards.
-Availability of a video of children being assessed.
-More time.
-Longer sessions available for knowledge information to convey.
-More time scheduled for the information.
-I would have liked more information, longer training session, observation of an evaluation.
-Have more time available to help with specific students in class.
-Could have been a longer time period. Would have liked to see some videos of her working with children.

Sensory Impairments:
Terminology, Assessment Procedures,
and
Implications for Educational Programming
Lecture Presentation for:
"Medical and Physical Management
of Students with Severe Disabilities"
IUPUI - June 17, 1992

Presentors: Karen S. Goehl ATTENDEES-16
Jennifer E. Meadows N-16

CURRENT POSITION:

____	QMRP	____	Teacher
____	Psycholog	____	Speech-Language Pathologist
____	University	____	Program Administrators
____	Physical/(	____	Student

1. The organization the workshop wa — 5 4 3 2 1 Poor
   Ranking by Group ...31

2. The objectives of the workshop were: Clearly Evident 7 ^ 6 5 4 3 2 1 Vague
   Ranking by Group 6.44

3. The presenter was knowledgeable about the topic: Excellent 7 ^ 6 5 4 3 2 1 Poor
   Ranking by Group 6.81

4. The ideas and activities presented were: Very Interesting 7 ^ 6 5 4 3 2 1 Dull
   Ranking by Group 6.20

5. The scope (coverage) was: Very Adequate 7 ^ 6 5 4 3 2 1 Inadequate
   Ranking by Group 6.15

6. My participation in this workshop should prove: Very Beneficial 7 ^ 6 5 4 3 2 1 No Benefit
   Ranking by Group 6.50

7. Overall, I consider this workshop: Excellent 7 ^ 6 5 4 3 2 1 Poor
   Ranking by Group 6.69

Summary of Evaluation
Sensory Impairments:
Terminology, Assessment Procedures,
and
Implications for Educational Programming
Lecture Presentation for:
"Medical and Physical Management
of Students with Severe Disabilities"

IUPUI - June 17, 1992

Presentors: Karen S. Goehl
Jennifer E. Meadows

STRENGTHS OF THIS WORKSHOP

Good team work. Good simulations (hands on). Brought nice equipment to show.

Use of visuals. Interaction was good.

The hands on activities.

Offered to me a source of information that I might be able to use in future.

Very informative.

To be able to wear the glasses and feel the senses of all they experience.

Effectiveness of presenters.

The very best part was simulation exercises -- something I'd never done before. Liked video and display of equipment.

Handouts, "show & tell" of devices, simulations, expertise of presentors!

Material was presented in non-technical terms -- easy to understand.

Provides valuable information and activities to be used down the road.

Presentors style. Scope of material.

Summary of Evaluation
Sensory Impairments:
Terminology, Assessment Procedures,
and
Implications for Educational Programming
Lecture Presentation for:
"Medical and Physical Management
of Students with Severe Disabilities"

IUPUI - June 17, 1992

Presentors: Karen S. Goehl
Jennifer E. Meadows

STRENGTHS OF THIS WORKSHOP, (Continued)

Informative and friendly presentors, on hands tasks, fun and interesting.

Communication and choice making devices. Very interesting and informative. Visual simulators very good. Gives us empathy for students.

Wide range of functional activites, discussions about how types and severity interact and affect each other.

WEAKNESSES OF THIS WORKSHOP:

First speaker too long. Get to show and tell sooner, don't rush second lady.

Not long enough.

None.

Time limitations of class.

A bit too much on theory/medical aspects. Want more time on practical applications.

N/A

Summary of Evaluation
Sensory Impairments:
Terminology, Assessment Procedures,
and
Implications for Educational Programming
Lecture Presentation for:
"Medical and Physical Management
of Students with Severe Disabilities"

IUPUI - June 17, 1992

Presentors: Karen S. Goehl
Jennifer E. Meadows

WEAKNESSES OF THIS WORKSHOP, (Continued):

None, really.

None noted.

Too much info for 4 hours.

WHAT WAS MOST BENEFICIAL TO YOU?

Practical application, demonstration of techniques, video -- good!

The actual classroom suggestions will help me the most.

It is the low tech.

Basic info about teaching communication skills to Deaf-Blind children.

Good Q/A's and group participation. I will use several of your communication suggestions with ! student.

Ideas that I can take back to my classroom (touch cues, calendar box, resources, etc.)

Ideas for augumentative communications - "low tech" ideas for comm. boards.

Summary of Evaluation
Sensory Impairments:
Terminology, Assessment Procedures,
and
Implications for Educational Programming
Lecture Presentation for:
"Medical and Physical Management
of Students with Severe Disabilities"

IUPUI - June 17, 1992

Presentors: Karen S. Goehl
Jennifer E. Meadows

WHAT WAS MOST BENEFICIAL TO YOU? (Continued)

All the information.

All, because I had not had much contact with deaf-blind.

Hands-on activities.

Examples of communications devices.

GENERAL COMMENTS:

Continue program.

Enthusiasm very evident. Simulation fun and good.

Thanks! Your enthusiasm is contagious! Video was neat.

Very helpful and interesting info! Great ideas - so functional & useful! Have Sharon give you more time next year. Thanks!

Excellent presentation.

Would recommend it for any special or regular Ed. teachers.

Summary of Evaluation
Sensory Impairments:
Terminology, Assessment Procedures,
and
Implications for Educational Programming
Lecture Presentation for:
"Medical and Physical Management
of Students with Severe Disabilities"

IUPUI - June 17, 1992

Presentors: Karen S. Goehl
Jennifer E. Meadows

GENERAL COMMENTS: (continued)

Great job!! Thank you for your time!

This was great. You ladies are very knowledgable and enthusiastic.

Great info. Very up to date materials.

I would love to be on mailing lists!

A Series of Training Modules
on Educating Children and Youth
with Dual Sensory and Multiple Impairments

Participant Evaluation of Training

Trainers: KAREN GOEHL, PEGGY SINCLAIR Date of Training: SEPT. 11, 1991

Training Site: SILVERCREST CDC

Please read each of the following statements carefully and rate each statement using the key below:

1= Strongly Disagree	(SD)	4 = Agree	(A)
2 = Disagree	(D)	5 = Strongly Agree	(SA)
3 = Undecided	(U)		

		(SD)	(D)	(U)	(A)	(SA)	(N)=17
1.	Overall, the content of this training met my expectations.	1	2	3	4	5	4.11
2.	The training provided specific information that I can apply.	1	2	3	4	5	4.35
3.	The training content was applicable to my needs as a service provider.	1	2	3	4	5	4.23
4.	Materials available from this training were relevant and beneficial.	1	2	3	4	5	4.52
5.	The trainers communicated clearly and effectively.	1	2	3	4	5	4.64
6.	The trainers was responsive to the questions of the participants.	1	2	3	4	5	4.82
7.	The trainers was able to effectively present information through utilization of a multisensory approach (i.e., lecture, overhead transparencies, handouts, readings, and videotapes).	1	2	3	4	5	4.23

9. What were the strengths of this training?

10. What follow-up needs can you identify for yourself?

11. In what ways could these training activities be improved?

Training Evaluation
Silvercrest, September 11, 1991

9. What were the strengths of this training?

-- This was geared more towards the type of kids that I work with than most things I have seen. I feel better able to apply the information because of the way it was presented. Sharing information about actual incidents that involved people that have fairly severe disabilities made it easier to apply to our populations.

-- I find it reassuring to hear/have another professional discuss/advocate approaches, ideas that we have been trying to use at SCDC.

-- Simulation was a strength - it seems to always help when you're put in the situations being discussed.

-- Hands-on displays and activities.

-- Presented to the types of children at SCDC; Hands-on activities.

-- Very well presented, informal, comfortable-informative

-- Good knowledge, length, and simulation activities

-- Presenters were knowledgeable of material and specific needs of this facility.

-- Specific instances with low functioning kids using these materials/methods made application easier.

-- Not being a teacher, I have never been exposed to many techniques of communicating with sensory impaired children. It was interesting and somewhat helpful to me personally. I am sure it was to those who are sensory impaired.

-- It was down to earth.

-- Simulation activities; videotapes. (I am a visual learner.)

-- Experienced presenters & handouts for future reference.

-- Hands on experience.

-- Simulation activities presented an excellent opportunity for direct experience.

-- The primary strength was the experience of the trainer. Personal experience gave the material increased credibility.

10. What follow-up needs can you identify for yourself?

-- One would be to actually read the articles and some of the suggested readings.

-- Just keep trying to get information and examples into the hands of all team members.

-- I want to try some of this out. Then it would be helpful if I could talk to someone about the success or failure & make sure I was doing it right.

-- More detailed inservice.

-- New development.

-- More techniques to use with a deaf-blind person.

-- Maybe some new and different sensory stimulation activities (play, leisure).

-- Training session for professionals (house parents) who work daily with our kids.

-- Possibly a follow-up session after Christmas, (2 or 3 months) to review, problem solve, etc.

-- Additional time for direct simulation and experience.

-- Specific questions about students.

11. In what ways could these training activities be improved?

-- Both trainers seemed to know information well, it must have been perfect, I can't think of any improvements at this time.

-- I would think it might be beneficial--especially if we get to do the Functional Communication Module--to get each participant (particularly teachers) the task of making their own picture schedule for someone in their classrooms (during the course of the module).

-- Take more time and get more detailed.

-- Additional video and use of certain materials might make points even clearer.

-- More videos of kids with these things being implemented.

-- Thanks.

-- More time for more in-depth hands-on experience and discussion (All day).

-- More Time.

-- Longer time for Inservice.

Transitions

Dream a Little Dream with Me

Marie Fritz, Ph.D.
Department of Communication Disorders
and Special Education
Indiana State University

Karen S. Goehl, M.S.
Director, Indiana Deaf-Blind Project
Blumberg Center for Interdisciplinary Studies
in Special Education
Indiana State University

IFCEC Convention
February 13-15, 1992
Indianapolis, IN

BEST COPY AVAILABLE

TRANSITIONS

Dream a Little Dream with Me

I. Background

- A. Purpose of the Survey
- B. Definitions of Transition

II. Transition Surveys

- A. What the Studies Tell Us
- B. What Families in Indiana Told Us

III. Article 7 and Transition

IV. Next Steps -- Dilemmas for Families

V. Your Turn -- What are Your Transition Needs

Individualized Transition Plan
Article 7

<u>Process</u>

1) Begin at ACR of freshman year.

2) Determine need for ongoing adult services.

3) Define individualized needs.

4) Develop plan in conjunction with IEP.

5) Review availability of adult services needed.

6) Request parent consent to transfer information to OVR for tracking.

7) Within 30 days, after consent, transfer information to OVR.
   √Name, address, county, SS#, birthdate
   √Disability
   √Projected final year

8) Review as appropriate, at least annually.

9) Invite OVR counselor to ITP done in the school year prior to final year (Junior).

10) Invitation is considered an OVR referral.

* Team **<u>must</u>** reconvene anytime an agency fails to provide an agreed upon service.

APPENDIX M

Indiana Deaf-Blind Project Evaluation Questions

TABLE 3

Draft Evaluation Plan for Indiana Deaf-Blind Project

EVALUATION QUESTION	DATA SOURCE	SCHEDULE OF DATA COLLECTION	USE OF INFORMATION
1) How many students, 0-21 are there with dual sensory impairments?	PL94-142, 89-313 and PL99-457 child count activities Reports by individuals	Annually	Federal Registry Plans for providing services
2) To what extent is the functional definition of dual sensory impairments used in identifying students?	Student demographics Survey form	Annually	Adoption of definition by S-1 rule revision, IN Dept of Ed, Div of Spec Ed
3) What are the characteristics of students with dual sensory impairments?	Survey form	Initial reporting of student to project	Monograph for dissemination Program Planning
4) To what extent are students educated in the least restrictive environment?	Survey form Technical assistance activities	Annually	Program planning Monitor systems change
5) How many students with dual sensory impairments receive services through collaboration and coordination with other federal and state projects?	Student demographics Survey form	Annually	Estimate benefits of collaboration and coordination
6) To what extent are best educational practices reflected in settings which serve individuals with dual sensory impairments?	Technical assistance activities Training workshops Site specific consultation	Each activity	Monitor system change Adjust training activities

BEST COPY AVAILABLE

EVALUATION QUESTION	DATA SOURCE	SCHEDULE OF DATA COLLECTION	USE OF INFORMATION
7) Does knowledge/skill level of staff/parents increase as a result of training module activities?	Pre/post test activities	Each activity	Adjust training activities
8) Are module workshops an effective method for training staff/parents?	Participant evaluations	Each activity	Demonstrate effectiveness of established training technique Adjust training activities
9) Is there statewide dissemination of materials?	Request forms Consumer satisfaction of "Information Updates"	On going collection Annually	Evaluate interest in resource center and material use Adjust dissemination activities to meet goals
10) Do project activities impact positively on parents/ families?	Consumer satisfaction Parent needs assessment (TASH)	Annually Annually	Adjust procedures to improve satisfaction
11) Are parents/families actively involved in project sponsored activities?	Number of parents/ families participation in training activities Parent committee involvement	On going collection	Adjust activities to meet goals
12) Are all project objectives met in accordance with project timelines?	Review by project staff	Monthly	Evaluate initiation and completion of activities
13) Do members of Advisory Committee participate actively in committee meetings and feel their recommendations will impact on the project?	Satisfaction survey Minutes Attendance	Semi-annual	Evaluate impact of Advisory Committee on project activities Demonstrate coordination and collaboration efforts

APPENDIX N

Advisory Committee Membership and Agenda Sample

Indiana Deaf-Blind Project
Advisory Board Members

Dan & Barbara Allison
7114 Twin Oaks Dr.
Indianapolis, IN 45226
(317) 546-2330

Doree Bedwell
First Steps Project
Department of Mental Health
117 E. Washington St.
Indianapolis, IN 46204
(317) 232-2291

Roger Beesley
Indiana State Board of Health
Bureau of Special Svcs.
1200 W. Michigan St.
Indianapolis, IN 46206
(317) 633-0365

Michael J. Bina
Indiana School for the Blind
7725 N. College Ave
Indianapolis, IN 46240

Tracy & Ann Bodkins
720 E. Prospect
Terre Haute, IN 47804
(812) 234-3057

Michael & Lynn Bohnert
1509 Vine St.
Jasper, IN 47546

Stan & Sherri Conwell
4504 N. High School #93
Indianapolis, IN 46254
(317) 297-5864 - Home
(317) 293-9926 Work

Helene Jongleux
Sharon Knoth
Department of Education
Div. of Special Education
Room 229, State House
Indianapolis, IN 46204
(317) 232-0566

Frank Kern
Evansville Assoc. for the Blind
P.O. Box 6445
Evansville, IN 47712
(812) 422-1181

Donald Koors
Indiana Dept. of Human Svcs.
Ofc. of Voc. Rehab.
P.O. Box 7083
150 W. Market St.
Indianapolis, IN 46207-7083
(317) 232-1401

Sharon Lingvai-Smith
IUPUI
School of Education
902 W. New York St.
Indianapolis, IN 46223
(317) 274-6801

Marsha McRoberts
Blue River Special Educ. Coop.
785 Joseph St.
Shelbyville, IN 46176
(317) 835-7335

Joan Melsheimer
Dubois-Spencer-Perry Excep.
Children Coop.
P.O. Box 191
Jasper, IN 47546
(812) 482-6661

Lee Murphy
Indiana School for the Deaf
1200 E. 42nd St.
Indianapolis, IN 46205
(317) 924-4376

Charles Schroeder
Putnam Co. Comp. Svcs.
630 Tennessee St.
Greencastle, IN 46135
(317) 653-9763

Indiana State University

BLUMBERG CENTER for Interdisciplinary Studies
in Special Education

TO: Indiana Deaf-Blind Project
Advisory Board Members

FROM: Karen S. Goehl, Director
Indiana Deaf-Blind Project

DATE: December 20, 1990

RE: January Advisory Board Meeting

The Indiana Deaf-Blind Project Advisory Board Meeting will be on Tuesday, January 15, 1991 from 10:00 a.m. - 2:30. p.m. The meeting will be held at Indiana State University, Terre Haute, IN in the School of Education, Room 614. Lunch will be provided and each advisory board member will receive a stipend to cover travel expenses.

A tentative agenda for the meeting has been attached. Let me know if you wish to add any agenda items. You will also find enclosed with this letter, directions for reaching the School of Education and a temporary parking permit. Please let me know if you will be able to attend by January 10, 1991.

If you have any questions please contact me at (812) 237-2830. I look forward to seeing you in January.

KSG/lee

AB:Ad Board Meeting

School of Education 502
Terre Haute, Indiana 47809
(812) 237-2830

TENTATIVE AGENDA

Indiana Deaf-Blind Project
Advisory Board Meeting

January 15, 1991

10:00 p.m. - 2:30 p.m.

1.0 Introduction of Members

2.0 Review of Project Goals and Objectives

3.0 Registry Update

4.0 Review of Technical Assistance Activities
- 4.1 TRACES-TA Activities
- 4.2 HKNC-TAC Activities
- 4.3 Indiana Deaf-Blind Project Activities

5.0 Workshop/Conference Update

6.0 Newsletter Information/Dissemination Activities

7.0 Technology Related Assistance Project (ITRAID)

8.0 Proposal of New Project Activites

9.0 Other

Advisory Board:Ad Board Agenda-1/15/91

Indiana Deaf-Blind Project
Advisory Board Meeting
August 14, 1990

MEMBERS PRESENT: Doree Bedwell, Ann Bodkins, Patti Elsperman, Karen Goehl, Sharon Knoth, Don Koors, Marsha McRoberts, Joan Melsheimer, Lee Murphy, and Charles Schroeder.

Also Present: William R. Littlejohn, Larry Gordon, Lisa Edwards

MEMBERS ABSENT: Dan and Barbara Allison, Roger Beesley, Michael Bina, Michael & Lynn Bohnert, Stan and Sherri Conwell, Sharon Lingvai-Smith, and Lee Murphy

The meeting was called to order by Karen Goehl, Director of the Indiana Deaf Blind Project at 10:00 a.m. Board members and project staff were introduced, as well as Dr. William Littlejohn, Director of the Blumberg Center. Dr. Littlejohn presented a brief description of the Blumberg Center, its activities, and the three departments that the Center serves. He also stated that the Indiana Deaf-Blind Project was producing valuable and quality work and that he welcomed the Advisory Board's involvement with the Project's activities.

Karen then presented a brief description of the meeting's format, indicating that it would be informal; members should feel free to ask questions and present opinions and concerns regarding the Project's work with students with dual sensory impairments. She then introduced the videotape "Within Reach - Getting to Know People Who Are Deaf-Blind." This video was presented as a general introduction to the population of individuals with dual sensory impairments.

GOALS AND OBJECTIVES

Karen reviewed the Project goals and objectives as outlined on the grant's timelines. (See Section 3.0 in the Advisory Board Meeting Booklet for August 14, 1990.) She indicated that board members should try to keep these goals and objectives in mind as the day's discussion progressed.

REGISTRY UPDATE

A discussion of the Indiana Deaf-Blind Project's 1989-90 Registry was conducted by Karen. The map found in section 4.0 of the agenda was reviewed to give the board members a sense of how many children with dual sensory impairments are on the registry and where they are located. The large concentration in ICASE roundtable area VI was noted and attributed to the location of a nursing home in that area. The designation of these individuals as "public school," "community agency," and "state school" was reviewed, as well as a discussion of the major etiologies. Karen indicated that those individuals who are functionally deaf-blind and list "other" as their etiology, typically have something listed for that etiology as well, such as Charge Association.

TECHNICAL ASSISTANCE ACTIVITIES

Karen reviewed the technical assistance activities that are currently being conducted by the Project, as well as the groups with which the Project works to provide technical assistance (Helen Keller and TRACES). Those activities in conjunction with TRACES (TASH) included helping to plan and implement a functional curriculum in a South Bend school. This also included school visits and workshops for the teachers with Sally Roberts from the University of Kansas and Ellin Siegel-Causey. Other technical assistance activities were at the School for the Deaf, Silvercrest Children's

Development Center and Riley Children's Development Center. Technical assistance activities with TRACES have dwindled from 5 to 1 per year based upon a diminishing budget. Karen also discussed a series of training modules developed by TASH that have been used extensively by the Project.

The technical assistance activities conducted in conjunction with Helen Keller National Center focuses on transition activities for individuals, age 16 - 26. Recent activities conducted through the Helen Keller Technical Assistance Project included a joint workshop with the Indiana School for the Blind and the Indiana School for the Deaf on career planning and orientation and mobility.

The project's individual technical assistance activities were discussed and explained to the board. These number 15-20 requests in a variety of settings that may be as simple as a request for materials from the Resource Center to site visits with follow-up activities. Most requests come from programs with students with severe disabilities. Karen indicated that she handled most of the technical assistance requests personally but is looking to both train and locate others with expertise that could be brought in to handle some of the requests on a consultant basis.

WORKSHOP/CONFERENCE UPDATE

Karen began a discussion of the workshop activities conducted by the project with a brief overview of the training modules developed by TASH. She indicated that four people (Alice Buchanon, Lynne Bohnert, Sharon Lingvai-Smith, and herself) had been trained to present these modules. These are to be presented in various areas of the state and these individuals will be paid from the grant to conduct these training activities for parents and service providers.

Karen also reported that she and Glenna Timmons, Vision Consultant, Covered Bridge Special Education District, had written a presentation that was accepted by International CEC. The presentation will provide information on the nine components of a functional curriculum for students with dual sensory impairments, combined with practical ideas for implementation.

NEWSLETTER

The newsletter was presented to the board and discussed. This is a form of dissemination for the Project and is written into the grant to be produced approximately 8 times per year. Karen also indicated that with the acquisition of new computer equipment, the newsletter had become an in-house project in order to avoid delays caused by having the layout developed in the Indiana State University Publications Department. There was general approval expressed over the newsletter's contents and layout and Joan indicated that she wanted all of the teachers in her area to receive it. It was also asked if there would be any problems with xeroxing copies for distribution and this was generally approved.

ITRAID

Karen announced that the Blumberg Center had received a portion of a grant awarded to the Department of Human Services, Department of Vocational Rehabilitation. This component will provide technology related assistance to individuals with dual sensory impairments of all ages, and will work closely with the activities of the Indiana Deaf-Blind Project. Karen also reported that Jennifer Meadows was hired as the ITRAID Information Training Specialist. The training module that is to be written for this project was discussed, as well as the fact that this is a three year project totalling $313,000 with a possible extension of two more years.

NEW PROJECT ACTIVITIES

Upcoming Project activities were discussed. They included a Parent Support Weekend, and a Summer Training Institute designed to provide information to service providers for individuals with dual sensory impairments. Karen discussed the need to develop additional activities aimed toward the upper age range of the population served by the Project.

The revised "Data Information Sheet for Identification of Individuals with Dual Sensory Impairments" was distributed to the members and discussed. The major concern expressed was a question of confidentiality. Sharon Knoth was to check with the State Department for the latest information on the FERPA regulations and forward them to the Project in time to use for the December 1, 1990 child count.

APPENDIX O

Timelines for Project Components

TABLE 1
Summary of Project Timelines

Components and Activities	Year 1 Quarter 1	Year 1 Quarter 2	Year 1 Quarter 3	Year 1 Quarter 4	Year 2 Quarter 1	Year 2 Quarter 2	Year 2 Quarter 3	Year 2 Quarter 4	Year 3 Quarter 1	Year 3 Quarter 2	Year 3 Quarter 3	Year 3 Quarter 4
Component 1.0: Identification, Registration, & Tracking.												
1.1 Coordinate annual child count procedures with the Division of Special Education.	X		X		X		X		X		X	
1.2 Comply with regulations for the Federal Registry mandated under the Services for Deaf-Blind Children and Youth Programs.		X				X				X		
1.3 Maintain a data base of information regarding all students with dual sensory impairments in Indiana.	X	X	X	X	X	X	X	X	X	X	X	X
1.4 Explain and promote a functional definition of dual sensory impairment.	X	X	X	X	X	X	X	X	X	X	X	X
1.5 Develop a monograph describing the full continuum of persons with dual sensory impairments.			X	X	X	X	❑	❑	❑	❑		
Component 2.0: Technical Assistance.												
2.1 Inservice Training Workshops using nationally developed training modules.												
2.1.1 Schedule regional training workshops, in Roundtable Areas for parents and service providers.		X		X		X		X		X		X
2.1.2 Promote presentation of modules at preservice university programs, state and local conferences, and other inservice training activities.	X	X	X	X	X	X	X	X	X	X	X	X
2.2 Utilize national technical assistance projects and their consultants in supporting individual student change, program component change, and statewide systems change.	X	X	X	X	X	X	X	X	X	X	X	X
2.2.1 Establish priorities with TRACES-TA during each Project year for training activities.	X				X				X			
2.2.2 Requests made to TRACES-TA to deliver technical assistance to individuals with dual sensory impairments in Indiana.	X				X				X			

Components and Activities	Year 1 Quarter 1	2	3	4	Year 2 Quarter 1	2	3	4	Year 3 Quarter 1	2	3	4
2.2.3 Establish priorities with The Helen Keller National Center - Technical Assistance Project (HKNC-TAC) to deliver technical assistance in the area of transition services for older students with dual sensory impairments.	X				X				X			
2.3 Continue collaboration with existing state and federally funded Indiana projects in the development of appropriate technical assistance activities.	X	X	X	X	X	X	X	X	X	X	X	X
2.4 Respond to individual requests for technical assistance, consultation services and training needs.	X	X	X	X	X	X	X	X	X	X	X	X
2.5 Initiate the use of a technical assistance request form specifying objectives, timelines and evaluation procedures.	X											
Component 3.0: Resource Materials Center.												
3.1 Acquire materials specific to the population of persons with dual sensory impairment.	X	X	X	X	X	X	X	X	X	X	X	X
3.2 Compile all materials using a databased system.	X	X	X	X	X	X	X	X	X	X	X	X
3.3 Provide a periodic list of updated acquisitions to individuals and programs throughout the state.	X	X	X	X	X	X	X	X	X	X	X	X
3.3.1 Provide an updated list of acquisitions to facilities such as university libraries, other state material resource centers, national clearinghouse centers, community agencies, public schools and state agencies.	X				X				X			
3.3.2 Highlight a variety of Resource Center Materials through the Indiana Deaf-Blind Project "Information Updates" (Component 6.2).	X	X	X	X	X	X	X	X	X	X	X	X
3.4 Respond to individual requests for materials through use of established loan procedures.	X	X	X	X	X	X	X	X	X	X	X	X
Component 4.0: Parent Resource Network.												
4.1 Use expanded mailing list to solicit parent interest and identify appropriate activities.	X				X	X	X	X	❑	❑	❑	❑
4.2 Support efforts to establish parent to parent and parent to professional relationships.	X	X	X	X	X	X	X	X	X	X	X	X

BEST COPY AVAILABLE

Components and Activities	Year 1 Quarter 1	2	3	4	Year 2 Quarter 1	2	3	4	Year 3 Quarter 1	2	3	4
4.3 Educate parents with respect to educational best practices.	X	X	X	X	X	X	X	X	X	X	X	X
4.4 Respond to both group and individual parent requests to identify resources which can assist them in accessing appropriate services	X	X	X	X	X	X	X	X	X	X	X	X
Component 5.0: Assist in the development of a policy manual regarding services to children and youth who have dual sensory impairments.												
5.1 Identify existing policy manuals used by other states who provide services to children and youth with dual sensory impairments.	X											
5.2 Initiate the development of an appropriate state policy manual.	X	X	X	X	X	X	X	X	X	X	X	X
Component 6.0: Dissemination of Information.												
6.1 Develop a project brochure.	X											
6.2 Distribute project brochure.	X	X	X	X	X	X	X	X	X	X	X	X
6.3 Publish Indiana Deaf-Blind Project "Information Updates" for statewide distribution.	X	X	X	X	X	X	X	X	X	X	X	X
6.4 Present information at local, state, regional and national conferences.	X	X	X	X	X	X	X	X	X	X	X	X
6.5 Disseminate information through the Materials Resource Center (see Component 3.0).	X	X	X	X	X	X	X	X	X	X	X	X
6.6 Utilize existing state and local information networks such as SpecialNet, newsletters and press releases.	X	X	X	X	X	X	X	X	X	X	X	X
6.7 Continue information sharing with states in close proximity to Indiana.	X	X	X	X	X	X	X	X	X	X	X	X
Component 7.0: Evaluation of Project.												
7.1 Formalize an evaluation design.	X	X	X	X	X	X	X	X				
7.2 Initiate the use of available evaluation instruments and develop additional tools as needed.	X	X	X	X	X	X	X	X	X	X	X	X
7.3 Collect, analyze and report data.	X	X	X	X	X	X	X	X	X	X	X	X

Components and Activities	Year 1 Quarter 1	2	3	4	Year 2 Quarter 1	2	3	4	Year 3 Quarter 1	2	3	4
Component 8.0 Project Management.												
8.1 Establish and monitor project timelines.	X	X	X	X	X	X	X	X	X	X	X	X
8.2 Plan for inclusion of underrepresented groups.	X	X	X	X	X	X	X	X	X	X	X	X
8.3 Plan advisory committee meetings including the establishment of ad hoc committees.	X		X		X		X		X		X	
8.4 Coordinate project activities with relevant individuals, programs and systems.	X	X	X	X	X	X	X	X	X	X	X	X
8.5 Report results to funders.		X	X			X	X					❑

(❑ Indicates a change in project timelines.)